



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS <i>W 06 - 8340</i>	
DOCUMENT # N01000005380			
1. Corporation Name COMMUNION FOUNDATION, INC.			
2. Principal Office Address 630 NE 52ND STREET Suite, Apt. #, etc.		3. Mailing Office Address 630 NE 52ND STREET Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33137	Country MIAMI-DADE	Zip 33137	Country MIAMI-DADE

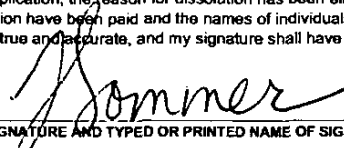
06 **FILED**
 TALLAHASSEE, FLORIDA
 03/09/06--01020--007 **358.75
REINSTATEMENT
 04-06
 T. Roberts **MAR 0 11 2006**

4. Date Incorporated or Qualified To Do Business in Florida 07/30/2001	
5. EFL Number 651126737	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name GLENN E PETERSEN		
Street Address (P.O. Box Number is Not Acceptable) 630 NE 52nd STREET		
Suite, Apt. #, Etc.		
City MIAMI	State FL	Zip Code 33137

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent 	Date 2/14/06 REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Glenn E Petersen	630 NE 52nd Street	Miami, FL 33137
VP/D	Jeff Codella	2200 NW 8th Terrace	Ft Lauderdale, FL 33311
S/D	Roger Hicks	701 NE 34th Court	Oakland Park, FL 33334
T/D	Murray Bowen	1636 NE 17th Terrace	Ft Lauderdale, FL 33305
D	Thea Sommer	1576 Elm Grove Road	Weston, FL 33327
D	Kevin Hinds	8267 NE 7th Avenue	Miami, FL 33138

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	
SIGNATURE: 	Date 02/25/06 Daytime Phone # (954) 873-2680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THEA SOMMER	

THEA SOMMER
 MURRAY BOWEN