

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 JUL 21 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 002000001545

**1. Corporation Name**

MI CASA FOUNDATION, INC.

W06000030406

**2. Principal Office Address**

3700 ARNOLD RD.

Suite, Apt. #, etc.

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

**City & State**

FT. PIERCE, FL.

**City & State**

**Zip**

34981

**Country**

ST LUCIE

**Zip**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

04-3607144

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

NELSON PENALOZA

**Street Address (P.O. Box Number is Not Acceptable)**

3700 ARNOLD RD.

**Suite, Apt. #, Etc.**

**City**

FT. PIERCE

**State**

FL

**Zip Code**

34981

REINSTATEMENT 04-06

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 6-19-06

**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
PRES	NELSON PENALOZA	3700 ARNOLD RD	FT. PIERCE, FL 34981
V.D.	ROBERT FERNANDEZ	3220 S. US HWY 1 #5	" " 34982
SD	JENN N. FOTO	139 NW FRIAR RT.	P. LUCIE, FL 34983
			200078119772
			07/28/06--01043--010 **183.75

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NELSON PENALOZA

6-19-06

Date

772)465-9593

Daytime Phone #

July 19, 2006

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DIVISION OF CORPORATIONS  
Annual Report/Uniform Business Report Section  
P. O. BOX 6327  
Tallahassee, Florida 32314

SUBJECT: MI CASA FOUNDATION, INC.  
Ref: Number N02000001545

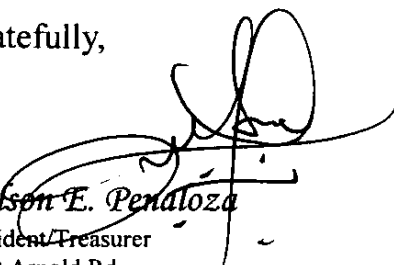
Please be advised that I did not received the Registration Statement for the year 2004.

At this time I am requesting for a Reinstatement of Mi Casa Foundation, Inc. and also I am respectfully soliciting the waiving of the \$600.00, Six Hundred and 00/100, which we agreed in prior telephone conversation.

Please find your letter, reinstatement form and a check; And I hope that this time I have it right.

I appreciate your help in this matter, but if is there any missing information please do not hesitate to contact me at any time.

Gratefully,



*Nelson E. Penaloza*  
President/Treasurer  
3700 Arnold Rd  
Ft. Pierce, Fl. 34981  
Phone 772)465-9593  
Cell. 772)579-8412