

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 24 AM 9:10

STATE
AT MIAMI, FLORIDA

DOCUMENT # 002 000006175

1. Corporation Name

FUNDACION FE INC

REINSTATEMENT 03-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

6600 SW 114 AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State *

MIAMI

City & State

Zip

Country

Zip

Country

FL 33173

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

8-14-2002

5. FEI Number

02-0637815

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

RICARDO E SMITH

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

6600 SW 114 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

Zip Code

FL

33173

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 7-18-07

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	SMITH, RICARDO	6600 SW 114 AVE	MIAMI FL 33173
D	ROMERO, CARLOS	6600 SW 114 AVE	MIAMI FL 33173
D	DUQUE ESTRADA AURELIO	6600 SW 114 AVE	MIAMI FL 33173
D	SMITH VERONICA	6600 SW 114 AVE	MIAMI FL 33173

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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:

7-18-07

(305) 412-9881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NO2000006175