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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000007265

REINSTATEMENT 03

1. Corporation Name

JORGE POSADA FOUNDATION, INC.

2. Principal Office Address	3. Mailing Office Address
123 S.E. 3rd Ave..	123 S.E. 3rd Ave.
Suite, Apt. #, etc. Suite 243	Suite, Apt. #, etc. Suite 243
City & State Miami, FL	City & State Miami, FL
Zip 33131 Country USA	Zip 33131 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 09/23/2002

5. FEI Number 05-0569457 ☐ 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: Intrastate Registered Agent Corporation

Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Avenue

Suite, Apt. #, Etc.: Suite 3000

City: Miami State: FL Zip Code: 33131

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: Steven H. Hagen, Vice President Date: 12-29-03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
D	De Posada, Jorge	301 E. 94th St., #30C	New York, NY 10028
D	De Posada, Laura	301 E. 94th St., #30C	New York, NY 10028
D	Espinel, Luis	4509 S. Johnson Street	New Orleans, LA 70125

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 under section 119.07(3)(i), 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: X [signature] Dec 21 03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System

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From:
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Account Number : 072203000603
Phone : (305)374-8500
Fax Number : (305)789-7799

CORPORATION REINSTATEMENT

JORGE POSADA FOUNDATION, INC.

Certificate of Status	1
Certified Copy	0
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