

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY 27 AM 9 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO20000067528

**1. Corporation Name**

Lending Hands Bolivian American Foundation,  
Inc.

**2. Principal Office Address**

6175 NW 167 street

**3. Mailing Office Address**

6175 NW 167 street

Suite, Apt. #, etc.

G-7

Suite, Apt. #, etc.

G-7

City & State

Miami, FL

City & State

Miami, FL

Zip

33015

Country

USA

Zip

33015

Country

USA

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

**5. FEI Number**

460504713

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

000037804260  
06/09/04--01043--030 \*\*122.50

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

Name

Madela Penaylillo

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

9311 SW 58 Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33173

REINSTATEMENT 03-04

**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

*Madela Penaylillo*

Date

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
PRES.	Jose Borda	7920 SW 117 Street	Miami, FL 33186
VPRES	Francisco Gimenez	13381 SW 88 Terrace	Miami, FL 33186
Treas.	Doris Meelan Wright	11930 NW 8 Street	Plantation, FL 33325
Direct	Ricardo Calderon	13501 SW 62 Avenue	Miami, FL 33156
Direct	Carlos Manning	6404 SW 114 PLace	MIami, FL 33173
Direct	Gonzalo Vargas	17710 SW 80 Court	Miami, FL 33157

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/24/04 305-557-1318

CR2E081 (01/04)

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**Lending Hands Bolivian American Foundation**  
**6175 NW 167 Street, G7**  
**Miami, Florida 33015**  
**305-557-1318**

April 28, 2004

Florida Department of State  
Secretary of State  
Glenda E. Hood  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Annual report

Enclosed please find the names and directors of Lending Hands B.A.F. Trying to file an annual report, I found that Lending Hands was not active, and was unable to print a form to complete 2004 report, doing further research, I found that the address for the corporation was posted incorrect.


I contacted your office and was told that the notifications to file were returned undeliverable, to send a letter explaining that the error in the address was in fact an error in part of the Division of Corporations, and a check for the 2 years due. We incorporated the later part of 2002, and 2003 were overlooked due to the fact that we were a new corporation, and did not receive a notification to file.

The report remains the same as originally incorporated.

1702000007528

Thank you for your assistance.

Sincerely,

  
Doris M. Wright