


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>N02-000007539</i>			
1. Corporation Name FUNDACION PARA NINOS MAS QUE VENCEDORES, INC			
2. Principal Office Address 24181 SW 217th Ave		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>HOMESTEAD FL</i>		City & State	
Zip <i>33031</i>	Country	Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN -3 AM 8:00

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-0296202	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name PASTOR MARIO MARRERO		
Street Address (P.O. Box Number is Not Acceptable) <i>7901 NW 21st</i>		
Suite, Apt. #, Etc.		
City <i>TAMARAC</i>	State FL	Zip Code <i>33321</i>

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

Mario Marrero
REGISTERED AGENT MUST SIGN

Date *06/24/04*

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
	MARRERO, MARIO 24181 SW 217TH AVE. HOMESTEAD FL 33031	D	
	FIGUEROA, MARCELINO 5145 ISLAND CLUB DR. TAMARAC FL 33319	D	
	MARRERO, MARTA 24171 SW 217TH AVE. HOMESTEAD FL 33031	D	

600037860966
06/11/04--01009--004 **61.25

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:

Mario Marrero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-24-04

Daytime Phone #

CR2E081 (01/04)