

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB -2 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000009293

**1. Corporation Name**

FUNDACION NATIVA INC  
1409 NE 22 AVE  
OCALA FL 34470

**2. Principal Office Address**

1409 NE 22 AVE

Suite, Apt. #, etc.

City & State

OCALA FL

Zip

34470

Country

MARION

**3. Mailing Office Address**

1409 NE 22 AVE

Suite, Apt. #, etc.

City & State

OCALA FL

Zip

34470

Country

MARION

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

11/27/2002

**5. FEI Number**

06-1661162

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

GEORGE SOLOGUREN

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

1409 NE 22 AVENUE

Suite, Apt. #, Etc.

City

OCALA

State  
FL

Zip Code  
34470

**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

*George Sologuren*

REGISTERED AGENT MUST SIGN

Date 1/26/04

**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
D	SOLOGUREN GEORGE	1409 NE 22 AVE	OCALA-FL 34470
D	RAVENCROFT SUSAN	1409 NE 22 AVE	OCALA FL 34470
D	POSADA-SALAZER ALVARO	1409 NE 22 AVE	OCALA FL 34470

**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:

*George Sologuren*

GEORGE SOLOGUREN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/26/04

Daytime Phone #

352-875-9750

CR2E081 (10/02)

**GEORGE M. SOLOGUREN**

1409 NE 22<sup>ND</sup> AVENUE  
OCALA, FLORIDA 34470

(352) 690-6869  
(352) 690-6086 FAX

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January 26, 2004

Division of Corporation  
PO Box 6327  
Tallahassee FL 32314

Re: Fundacion Nativa Inc

To Whom It May Concern:

On August 6, 2003 the annual report of this corporation was returned because the federal identification number was not entered in box 4. On August 23, 2003 the annual report was mailed back to you with the federal identification number filed in on box 4; I have enclosed a copy of that annual report. I spoke with one of your employees and they told me you did not receive it. I have enclosed a reinstatement report along with a check in the amount of \$61.25 for 2004; I am requesting that the reinstatement fee be waved because we mailed the completed report on August 23, 2003

Sincerely yours,

*George Sologuren*  
George Sologuren