

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Payable

FILED

04 JUN -3 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000009439

1. Corporation Name

Fondacion La Roca, Inc.

1211 Reynolds Ave

2. Principal Office Address

1211 Reynolds Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Clearwater

City & State

FL

Zip

33756

Country

Zip

Country

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

5. FEI Number
58-2677950

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

000037805660
06/09/04--01065--016 **122.50

7. Name and Address of Current Registered Agent

Name
Alicia Shields

Street Address (P.O. Box Number is Not Acceptable)
1211 Reynolds Ave

Suite, Apt. #, Etc.

City
Clearwater

State
FL

Zip Code
33756

REINSTATEMENT

JB-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

REGISTERED AGENT MUST SIGN

Date

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 | Stephen Shields | 12701 Frank Dr N | Seminole, FL 33776 |
| VP | Steven D. Swiger, Jr. | 8503 Quail Road | Largo, FL 33777 |
| S/T | Alicia Shields | 12701 Frank Dr N | Seminole, FL 33776 |
| D | Louis Aviles | 1106 DRUID Rd S, #201 | CLEARWATER, FL 33756 |
| | | | |
| | | | |

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

5/19/04

Date

Daytime Phone #

(727)
466-6564

CR2E081 (01/04)

prayer

May 12, 2004

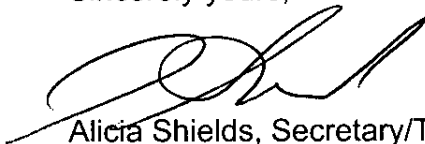
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To whom it may concern,

Our CPA recently notified us that our Non Profit Corporation was administratively dissolved. We filed the articles of incorporation on 12/9/02. We did not receive the renewal for 2003. As a result it was administratively dissolved on 9/5/03.

At this time we have enclosed a check in the amount of \$122.50 to pay for the corporate renewals for 2003 & 2004. *We are respectfully requesting that you abate the \$175.00 reinstatement fee at this time since we did not receive the renewal form for 2003.* If you should have any questions, please feel free to call me at (727) 466-9254. Thank you for your assistance in this matter.

Sincerely yours,



Alicia Shields, Secretary/Treasurer