

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV -5 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08/16/04 90015009 6125



DOCUMENT # N03000007129 1. Entity Name LOURDES ONDINA BARROS FOUNDATION, INC.									
Principal Place of Business 10522 S.W. 148TH AVE DR MIAMI, FL 33196		Mailing Address 10522 S.W. 148TH AVE DR MIAMI, FL 33196							
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.							
City & State		City & State							
Zip	Country	Zip	Country	4. FEI Number 32-0091042 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> <td style="padding: 2px;"><input checked="" type="checkbox"/></td> </tr> </table>		Applied For	<input type="checkbox"/>	Not Applicable	<input checked="" type="checkbox"/>
Applied For	<input type="checkbox"/>								
Not Applicable	<input checked="" type="checkbox"/>								
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				10192004 REIN-NP CR2E099 (6/04)					
6. Name and Address of Current Registered Agent BARROS, OSCAR I 10522 S.W. 148TH AVE DR MIAMI, FL 33196			7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code						
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 10-19-04					
FILE NOW!!! FEES \$61.25 After January 1, 2005, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete BARROS, OSCAR I 10522 S.W. 148TH AVE DR MIAMI, FL 33196	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Delete BARROS, CANDIDA R 10522 S.W. 148TH AVE DR MIAMI, FL 33196	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Delete BARROS, PEDRO A JUSTO CACERES #8 ARROLLO HONDO STO DOMINGO REPUBLICA DOMINICANA,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSO <input type="checkbox"/> Delete NUNEZ, DRA VIOLETA CALLE PASTEUR ESQUINA BOLIVAR SANTO DOMING REPUBLICA DOMINICANA,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.									
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 10/19/04 (305) 261-2008 <small>Daytime Phone #</small>					

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