

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JUL -1 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000008516

1. Corporation Name

CRISTINA CARRIAZO PEDROSO SCHOOL SUPPLY FUND, INC.

2. Principal Office Address - No P.O. Box #

901 PONCE DE LEON BLVD. #501

Suite, Apt. #, etc.
501

City & State

CORAL GABLES, FL 33134

Zip
33134

Country

USA

3. Mailing Office Address

901 PONCE DE LEON BLVD #501

Suite, Apt. #, etc.

501

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

REINSTATEMENT 04-09

4. Date Incorporated or Qualified

To Do Business in Florida OCTOBER 1, 2003

5. FEI Number

20-1352290

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

FERNANDO R. RODRIGUEZ

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

901 PONCE DE LEON BLVD, SUITE 501

Suite, Apt. #, Etc.

SUITE 501

City

CORAL GABLES,

State

FL

Zip Code

33134

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Fernando R. Rodriguez
REGISTERED AGENT MUST SIGN

Date

6/29/09

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
DR	FERNANDO R RODRIGUEZ	901 PONCE DE LEON BLVD. 501	CORAL GABLES, FL. 33134
DR	LILIAN PEDROSO RIONDA	901 PONCE DE LEON BLVD. 501	CORAL GABLES, FL. 33134
DR	MANUEL RIONDA	901 PONCE DE LEON BLVD. 501	CORAL GABLES, FL, 33134

800158048028
07/01/09--01006--026 **\$42.50

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 contained in Chapter 119, 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: FERNANDO R. RODRIGUEZ, DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/29/09 305-445-0611