

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000001337

1. Corporation Name

THE SPIRIT OF AMERICA FOUNDATION, INC.

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

2500 NW 79 AVENUE

3. Mailing Office Address

8567 CORAL WAY

Suite, Apt. #, etc.

162

Suite, Apt. #, etc.

City & State

DORAL, FL

City & State

MIAMI, FL

Zip

33122

Country

USA

Zip

33155

Country

USA

7. Name and Address of Current Registered Agent

Name

AB CONSULTING & ACCOUNTING SERVICES, INC.

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

1428 NE 163RD STREET

Suite, Apt. #, Etc.

City

NORTH MIAMI BEACH

State

FL

Zip Code

33162

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

Date 9/26/07

REGISTERED AGENT MUST SIGN

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
PD	NYDIA DEL VALLE	8567 CORAL WAY	MIAMI, FL, 33155
VPD	MARIA C. BORGHESE	8567 CORAL WAY	MIAMI, FL, 33155
TD	OLGA C. MARTINEZ	8567 CORAL WAY	MIAMI, FL, 33155
CSD	LEONCE F. THELUSMA	8567 CORAL WAY	MIAMI, FL, 33155
VCD	JOSEPH R. JEAN-BAPTISTE	8567 CORAL WAY	MIAMI, FL, 33155

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/07

Date

305-300-5959

Daytime Phone #

07 OCT -2 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600110173106
10/18/07--01019--020 **4.75

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-0722643

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.