

11/23/2007 FRI 10:21 FAX

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 NOV 26 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N050000011836

1. Corporation Name

ON WHEELS FOUNDATION CORP.

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

14352 SW 168TH Ter.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33157

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/2005

5. FEI Number

☒ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Hernando Miranda

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

14352 SW 168TH Ter.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

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 11/19/2007

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	Hernando Miranda	14352 SW 168 TH Ter.	Miami FL 33157
S	Ana P. Berrios	14352 SW 168 TH Ter.	Miami FL 33157

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

Date

11/19/2007

Daytime Phone #

REINSTATEMENT

B. Mitchell NOV 26 2007

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001/002

Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : ADVANCE CORPORATE SERVICE, INC.
Account Number : I20070000146
Phone : (305) 406-3800
Fax Number : (305) 406-3999

CORPORATION REINSTATEMENT

ON WHEELS FOUNDATION, CORP

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$297.50

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Corporate Filing Menu

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