ASÉ READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

N35910

SOUTH FLORIDA NATIONAL GUARD FAMILY SUPPORT FOUN DATION, INC.

Principal Place of Business

1. Corporation Name

G/O JOSE O. MORIN 700 NW 28TH STREET (NG ARMORY)

MIAMI FL 33127-096

Mailing Address

C/O JOSE O. MORIN

US

700 NW 20TH STREET (NO ARMORY) MIAML FL 22127 006

If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable

	1000
_	Date Incorporated or Qualified

FILED

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JECRETARY OF STATE

2. New Pr	incipal Office Address, If Applicable LANCE M. FAUER	Date Incorporated or Qualified To Do Business in Florida		12/26/1989			
Suite, Apt. #, etc. Suite, Apt. #,			WILLEY ST.		5. FEI Number		Applied For
City & Stat	е	City & State HOLLYWOOD, FL		65-0161527		Not Applicable	
Zip	Country	3302C		Country	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
7. Names	and Street Addresses of Each Officer and/	or Director (Flor	rida nonprof	lit corporations must list at lea	st 3 directors)		
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip	
MD	ASHER, MELISSA		700 NW 28TH STREET			MIAMI FL 33127	
VT	FAUER, LANCE M		700 NW 28 ST			MIAMI FL 33127	
VD	WELLS, ARTHUR C		700 NW 28 STREET			MIAMI FL 33127	
MD	MCCLENDON, KELLY		700 NW 28TH STREET		MIAMI FL 33127		
MD	ZAYAZ, CARLOS			28 STREET		MIAMI FL 33127	
MD	MORIN, JOSE O	.,	700 NW	28TH STREET		MIAMI FL 33127	
	1		F			1	

8. Name and Address of Current Registered Agent

LAGAS, JACQUES E 700 NW 28TH STREET **NG ARMORY** MIAMI FL 33127-4096

9. Name and Address of New Registered Agent

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

Suite, Apt. #, Etc.

City

Name

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

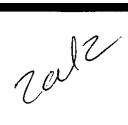
REGISTERED AGENT MUST SIGN

10 NOV 02

11. 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.



South Florida National Guard Family Support Foundation, Inc. 700 NW 28th Street Miami, Florida 33127



26 NOV 02

RE: Reinstatement of Corporation to an active status

To whom it may concern,

I would like to request that our corporation be reinstated to an ACTIVE status. Enclosed is the application for reinstatement and the \$61.25 (money order) application fee.

I would also like to request that the reinstatement fee of \$ 175.00 be waived. The board members of the corporation never received the renewal notices.

We have a theory as to why the notices were never received. We hope we have solved that problem by changing the mailing address on the application for reinstatement.

If you have any question please contact the undersigned at:

305-871-1223 (office)

305-869-2711 (office) 954-346-4517 (cell)

LMFAUER@AOL.COM (e-mail)

Thank you,

LANCE M. FAUER

Vice President / Treasurer