

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 APR 20 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49150

1. Entity Name
BATAAN-CORREGIDOR MEMORIAL FOUNDATION, INC.



Principal Place of Business
C/O PEDRO GONZALES, MD
461 WEST OAK ST., STE. D
KISSIMMEE, FL 34741

Mailing Address
C/O PEDRO GONZALES, MD
461 WEST OAK ST., STE. D
KISSIMMEE, FL 34741

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

0002006 REIN-NP

CR2E099 (11/05)

4. FEI Number
59-3128025

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALES-HOYES, MARIA L
2011 HOUNDS LAKE CT
KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent

Name

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

Maria Gonzales-Hoyes

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/2006

FILE NOW!!! FEE IS \$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

TITLE D
NAME DE MESA, MENANORO M
STREET ADDRESS 428 BALL CT.
CITY-ST-ZIP KISSIMMEE, FL 34759

TITLE D
NAME GONZALES, PEDRO
STREET ADDRESS 461 W. OAK ST., STE D
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE D
NAME ASPIRAS, VICKY D
STREET ADDRESS 5541 BELLEWOOD ST
CITY-ST-ZIP ORLANDO, FL 32813

TITLE D
NAME ASPIRAS, PAT
STREET ADDRESS 2767 LA ALAMEDA AVE
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE D
NAME ARBAS, ROMULO A
STREET ADDRESS 717 DEL PRADO
CITY-ST-ZIP KISSIMMEE, FL 34758

TITLE D
NAME DE MESA, ZENAIDA D
STREET ADDRESS 428 DILL CT
CITY-ST-ZIP KISSIMMEE, FL 34759

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.

SIGNATURE: *Pat Aspiras*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

4/10/2006 *4078466131*

B. Mitchell

APR 21 2006