

H97000017201

READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

1997 OCT 16 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005021

1. Corporation Name

Funds, Grants & Resources, Inc.

Principal Place of Business

Mailing Address

2250 S.W. 3rd Avenue
Suite 150
Miami, FL 33129

Same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business In Florida

10/25/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0614573

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$0.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	Fernando Gonzalez-Raigosa	2250 S.W. 3rd Ave., Ste. 150	Miami, FL 33129
D/S	Eric Maspons	2100 Ponce de Leon Blvd.	Coral Gables, FL 33134
D/T	Wilfredo O. Allen	2250 S.W. 3rd Ave., Ste. 150	Miami, FL 33129

REINSTATEMENT 97
SCC 10-16-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Miguel A. Maspons

Street Address (P.O. Box Number is Not Acceptable)
2601 S. Bayshore Dr.

Suite, Apt. #, Etc.
19th Floor

City
Miami

State
FL

Zip Code
33133

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/15/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information
on intangible tax.)

12. 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)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ERIC MASPONS

OCTOBER 15, 1997

Date
(305) 444-0413

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10/16/97

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
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9:53 AM

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TO: DIVISION OF CORPORATIONS FAX #: (850)922-4000
FROM: COHEN, BERKE, BERNSTEIN, BRODIE & KONDELL, P ACCT#: 075410000050
CONTACT: PEGGY MARINELLI
PHONE: (305)854-5900 FAX #: (305)857-9322

NAME: FUNDS, GRANTS & RESOURCES, INC
AUDIT NUMBER.....H97000017201
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..0 PAGES..... 1
CERT. COPIES.....0 DEL.METHOD.. FAX
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