## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2. Principal Office Address - No P.O. Box of 1525 BIRD RD  Sulfe, Apt. 8, etc.  Sulfe, Apt. 8, etc.  1. Sulfe, Apt. 8, etc.  1. City & State CORAL GABLES, FL CORAL GABLES 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.  Sulfe, Apt. 8, Etc.  CORAL GABLES FL Sulfe Again Apt. 8, Etc.  CORAL GABLES FL Sulfe Again Apt. 8, Etc.  Signature of Registered Agent Registered Agent Registered Agent Registered Agent Addresses of Each Officer and/or Director (Frorda nonportations must last at least 3 directors)  P. Names and Street Addresses of Each Officer and/or Director (Frorda nonportations must last at least 3 directors)  P. FANNY GONZALEZ  V SOCORRO ZABALA 1470 NE 123 ST # 102 NORTH MIAMI, FL 33160  D GUILLERMO GALVEZ  SIND Address of Each Officer and/or Director (Frorda nonportations must last at least 3 directors)  Tates  INOCENCIO ROMERO 18601 NE 14 AV #105 NORTH MIAMI, FL 33160  D GUILLERMO GALVEZ 1525 BIRD RD  CORAL GABLES, FL 3317  T SALVADOR DANIEL SAAL 3135 NE 184 ST #2104 AVENTURA, FL 33160  D GUILLERMO GALVEZ 1525 BIRD RD  CORAL GABLES, FL 3314  D ANTONIO CRUZ 8857 NW 114 ST  COUNTY CORT AGAINST AGAIN		RPORATI STATEM				Secretary	MENT OF of State			FILED 07 NOV -9 PM	12: 24
2. Principal Office Address - No P.O. Box # 1525 BIRD RD  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Coy & State  CORAL GABLES, FL  20 Country  7. Name and Address of Current Registered Apent  CORAL GABLES  FL Suite Application of Current Registered Apent  CORAL GABLES  Suite, Apt. #, etc.  Coy & State  CORAL GABLES  FL Suite Application of Current Registered Apent  CORAL GABLES  FL Suite Application of Registered Apent  CORAL GABLES  CRY State / Zip  Coral GABLES  CRY State / Zip  CRY									LUGALTANT OF STATE TALLAHASSEE, FLORIDA		
Surley, Apt. #, etc.  Surley, Apt. #, etc.  Surley, Apt. #, etc.  Surley, Apt. #, etc.  4. Date incorporated or Qualified To Do Business in Fortida  5. FEI Number  Applied For Not Applied For Not Applied To Not Appli	NETWORK OF INTERNATIONAL, NON-GOVERNMENTAL CULTURAL ORGANIZATIONS, UNIVERSAL GREAT BROTHERHOOD, SL,CA, INC								117979-112179367 117979-1166-025 **245.00		
4. Date incorporated or Guariford 1 to 00 Business in Floridia 2 D 33146									REINCTATEMENT 04-0		
Cory & State CORAL GABLES, FL  Zip  33146  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  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.  EORAL GABLES  State  Signature of Registered Agent  Redistrered Agent  Redistrered Agent Redistress of State (Fr. 2)  Signature of Registered Agent Redistress of State (Fr. 2)  Redistrered Agent Redistress of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Tates  Officers and/or Director  P FANNY GONZALEZ  3135 NE 184 ST #2104  AVENTURA, FL 33160  D GUILLERMO GALVEZ  1525 BIRD RD  CORAL GABLES, FL 3314  D ANTONIO CRUZ  8857 NW 114 ST  HIALEAH, FL 33018  10.1 cortify that It am an officer or director for the receiver of nurses ampowered to assecte this application as provided for inchapter 007 of 57 cf. 15. It wither control in the information indicated on this application is true and accept the prior for collection on this application is true and accept the prior notices. Sy checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.  State (Fr. 3)	Suite, Apt. #, etc. Suite, Apt. #, etc.										
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Single-Apdress (No-Box Mumber is Not Acceptable)  Sude, Apt. #, Etc.  State Against Grant Gables  Sude, Apt. #, Etc.  State Gables  State Gabl	<sup>Zip</sup> 33146	6 USA			Zip		Country		CERTIFICATE OF STATUS DESIDED		ditional Fee required
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Sute, Apt. #, Etc.  CORAL GABLES  State FL  33 <sup>1</sup> 46  State FL  31/05/07  Registered Agent Registered A									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.		
Figure 1, being appointed the registered apert of the above gamed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent Registered Registered Registered Agent Registered Agent Registered Registe	Street Address (P.O. Rox Number is Not Acceptable) 1525 BIRD RD										
CORAL GABLES  8. 1, being appointed the registered agent of the above gamed 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  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  1 3 Street Address of Each Officer and/or Directors  City / State / Zip  P FANNY GONZALEZ  3135 NE 184 ST #2104  AVENTURA, FL 33160  V SOCORRO ZABALA  1470 NE 123 ST # 102  NORTH MIAMI, FL 33161  S INOCENCIO ROMERO  18601 NE 14 AV #105  NORTH MIAMI BEACH, FL 3317  T SALVADOR DANIEL SAAL  3135 NE 184 ST #2104  AVENTURA, FL 33160  D GUILLERMO GALVEZ  1525 BIRD RD  CORAL GABLES, FL 3314  D ANTONIO CRUZ  8857 NW 114 ST  HIALEAH, FL 33018  10.1 certify that I am an officer or director or the receiver of trustee ampowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing its reinstationment application, the midson for disviduals listed on this form do not qualify the execution or contained in Chapter 119, F.S. The information indicated on this form do not qualify the execution contained in Chapter 119, F.S. The information indicated on this form do not qualify the comporation contained in Chapter 119, F.S. The information indicated on this form do not qualify the exemption contained in Chapter 119, F.S. The information indicated on this form do not qualify the exemption contained in Chapter 119, F.S. The information indicated on this form do not qualify the exemption contained in Chapter 119, F.S. The information indicated on the form do not qualify the exemption contained in Chapter 119, F.S. The information indicated on this form do not qualify the exemption contained in Chapter 119, F.S. The information indicated on the form do not qualify the exemption contained in Chapter 119, F.S. The information indicated on the form do not qualify the exemption contained in Ch	Suite, Apt. #, Etc.										
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SIGNATURE: SIGNATURE AND TYPED OR POSITED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Description Phone #											