PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 2000_UBR



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 16 PH 4: 03



SECRETARY OF STATE TALLAHASSEE, FLORIDA

OOCUMENT#	N97000005701
A C. N. M.	4

Corporation Name

VESSELS OF HONOR, INC

Principal Place of Business

Mailing Address

10800 SW 135TH TERRACE MIAMI FL 33174 10800 SW 135TH TERRACE

MIAMI FL 33174

-	! #81# #84# #948	HONEN I DON	1861 10 9

	ddresses are incorrect in any way, line th ncipal Office Address, If Applicable			enter correction below.	4. Date Incom	orated or Qualified	<u>№160.00</u>
				· ·	To Do Busii	ness in Florida	/08/1997
Suite, Apt. #	, Apt. #, etc. Suite, Apt. #, etc.					Applied For	
City & State	9	City & State			†	APPLIED FOR	Not Applicable
Zip	Country	Zip	1.0	Country	6.		5 Additional Fee required
Σψ	Codinay				CERTIFICAT	E OF STATUS DESIRED [] fo	r a Certificate of Status
7. Names a	and Street Addresses of Each Officer and	I/or Director (Flo	rida nonprofit o	orporations must list at le	east 3 directors)		
Title(s)	Name of Officers and/or Directors 2	Stre		Street Address of Eac Officer and/or Directo			ite / Zip
PD	ROSARIO, JACKIE DEL			135TH TERRACE	MIAMI FL 33174		
VD	JONES, JUDY	9401 SW 146 ST		46 STREET	MIAMI FL 33176		
SD	D INGRAHAM-LEONARD, REBECCA 1		1313 NW 3	1313 NW 36TH STREET SUITE 200		MIAMI FL 33142	
	8. Name and Address of Curren	t Registered Age	ent		_9Name and	Address of New Registered A	.gent
1313	AHAM-LEONARD, REBECCA NW 36TH STREET SUITE 200 I FL 33142			Street Address Suite, Apt. #, Et	<u> </u>	r is Not Acceptable) State	Zip Code
10. I, being Signature o Registered	Agent	ove named corporate in the corporate in	RE	iliar with and accept the	obligations of Sec		G
11. I certify	that I am an officer or director or the reco	eiver or trustee er	mpowered to ex	ecute this application as	provided for in ch	apter 607 or 617, F.S. I further	certify that when filing

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.

SIGNATURE: _

STSIN		REW	HRED
SIGNATURE AND,	TYPED OR PRINTED NAM	IE OF SIGNING OFFICI	R OR DIRECTOR

10/11/0 (30T)237 4003

ReCapturing the Vision



October 13, 2000

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sirs:

This letter is in response to your notice of revocation. In April of this year payment for renewal was sent to your office. Upon inquiry it was discovered that a notice was sent to us stating that the FEI number must be provided. We never received that notice. I am writing pursuant to my conversation with your office so that Vessels of Honor will be restated. I spoke with Leslie this morning and she instructed me to merely put this in writing and that the matter would be resolved.

Should you have any questions or need additional information, I may be reached at the numbers below.

Sincerely,

Jacqueline Jones Del Rosario

President

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