


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

05 JAN 24 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Omega Good News Foundation, Inc.
Document # N97000005980

2. Principal Office Address

221 W. Goolsby Blvd.

Suite, Apt. #, etc.

City & State

Deerfield Beach, Florida

Zip

33442

Country

USA

3. Mailing Office Address

221 W. Goolsby Blvd.

Suite, Apt. #, etc.

City & State

Deerfield Beach, Florida

Zip

33442

Country

USA

REINSTATEMENT 01-05

800044762818

01/14/05--01009--010 **1358.75

EP

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/22/1997

5. FEI Number

65-0614438

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Tena Hamm

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

221 W. Goolsby Blvd.

Suite, Apt. #, Etc.

City

Deerfield Beach

State
FL

Zip Code
33442

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Tena Hamm

REGISTERED AGENT MUST SIGN

Date

1/10/04

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	Street Address of Each Officer and/or Director	City / State / Zip
P	Robert Alvarez	221 W. Goolsby Blvd.	Deerfield Beach, Florida 33442
D	Robert Alvarez	221 W. Goolsby Blvd.	Deerfield Beach, Florida 33442

10. 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:

Robert Alvarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/04

Daytime Phone #

CR2E081 (01/05)