PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
Amended Report

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAY -7 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N 98000001105

1. Corporation Name
Francisco Morazan Honduran Integrated Organization Inc.
Cross Reference Name
Organizacion HondurenaIntengrada Francisco Morazan Inc.

2. Principal Office Address	3. Mailing Office Address
43 N.W. 27 Avenue	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
None	None
City & State	City & State
Miami Florida	Miami Florida
Zip / Country	Zip / Country
33125 / USA	33125 / USA.

4. Date Incorporated or Qualified To Do Business in Florida 2-24-98

5. FEI Number 65-0827364 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Francisco Portillo
Street Address (P.O. Box Number is Not Acceptable): 43 N.W. 27 Avenue
Suite, Apt. #, Etc.: None
City: Miami | State: FL | Zip Code: 33125

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 _____ Date _____
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	Street Address of Each Officer and/or Director	City / State / Zip
P	Francisco Portillo	43 N.W,.27 Avenue	Miami Fl.33125
V	Juan M. Zelaya	1332 S.W. 5th St. Apt. 6	Miami Fl.33135
S	Cesar Pineda	43 N.W. 27 Avenue	Miami Fl.33125
T	Luis E. Colindres	15925 S.W. 102 Place	Miami Fl.33157

RH

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: Portillo Francisco Portillo 01-02-2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR