

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 19 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002102

1. Corporation Name

FUNDACION HUMANISMO SIN FRONTERAS, INC.

2. Principal Office Address

175 SW 15TH ROAD

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33129

Country

USA

3. Mailing Office Address

10450 N W 31ST TERR

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33172

Country

USA

REINSTATEMENT

03-01

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/1998

5. FEI Number

91-1979784

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

EVELIO CEPERO

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

1055 SW 40TH STREET

Suite, Apt. #, Etc.

APT 537

City

MIAMI

State

FL

Zip Code

33165

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07/28/04--01036--013 **128 50

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 JULY 16, 2004

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
CD	AMANCIO SUAREZ	10450 N W 31ST TERR	MIAMI, FL 33172
PD	EVELIO CEPERO	10355 SW 40TH STREET-APT 537	MIAMI, FL 33165
VPD	GONZALO PALENZUELO	2960 CORAL WAY	MIAMI, FL 33129
SD	GRISEL FERNANDEZ	175 SW 15TH ROAD	MIAMI, FL 33129

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 16, 2004

Date

Daytime Phone #

CR2E081 (01/04)

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2 of 2

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED OUR ANNUAL REPORT FORM FOR THE YEARS 2003 & 2004 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS NON FOR PROFIT COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



EVELIO CEPERO
PRESIDEN / DIRECTOR