

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 MAY 25 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000003048**

1. Corporation Name
**The Manuel V. Iglesias Scholarship
Foundation, Inc**

2. Principal Office Address
707 Central Ave
Suite, Apt. #, etc.

3. Mailing Office Address
707 Central Ave
Suite, Apt. #, etc.

REINSTATEMENT 99-00

City & State
Clewiston FL

City & State
Clewiston FL

4. Date Incorporated or Qualified
To Do Business in Florida
5-26-98

5. FEI Number Applied For
 Not Applicable

Zip Country
33440 USA

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33440 USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Ramon Iglesias** **700003307967-7**
Street Address (P.O. Box Number is Not Acceptable) **707 Central Ave** **-06/28/00--01070--013**
Suite, Apt. #, Etc. ******306.25 ****306.25**
City **Clewiston** State **FL** Zip Code **33440**

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 **Ramon Iglesias** Date **5-17-00**
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
D	Ramon Iglesias	707 Central Avenue	Clewiston FL 33440
D	Sorge Iglesias	707 Central Avenue	Clewiston FL 33440
D	Juan Iglesias	707 Central Avenue	Clewiston FL 33440

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:

Ramon Iglesias **Ramon Iglesias**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-00
Date

863-983-5167
Daytime Phone #