

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 28 AM 10:17

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.

City & State

CLEWISTON, FL

Zip

33440

Country

HENDRY

3. Mailing Office Address

707 CENTRAL AVE

Suite, Apt. #, etc.

City & State

CLEWISTON, FL

Zip

33440

Country

HENDRY

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

A-03

7. Name and Address of Current Registered Agent

Name

RAMON IGLESIAS

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

707 CENTRAL AVE

Suite, Apt. #, Etc.

City

CLEWISTON

State

FL

Zip Code

33440

200017123122

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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

Ram Iglesias

REGISTERED AGENT MUST SIGN

Date 2/5/3

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 AVE	CLEWISTON, FL 33440
D	JORGE IGLESIAS	707 CENTRAL AVE	CLEWISTON, FL 33440
D	JUAN IGLESIAS	707 CENTRAL AVE	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:

Ram Iglesias

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/3

Date

863-599-0460

Daytime Phone #

CR2E081 (10/02)