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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 AUG -9 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98 00000 3372

1. Corporation Name  
STOUIR FOUNDATION INC.

REINSTATEMENT 99-05

2. Principal Office Address <u>720 NS 27th STREET</u>		3. Mailing Office Address <u>SAME AS</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u>PRINCIPAL OFFICE</u>	
City & State <u>MIAMI FL</u>		City & State	
Zip <u>33137</u>	Country <u>USA</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida <u>1998</u>	
5. FEI Number <u>31-1626729</u>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
AGUSTIN DE GOYTISOLO, ESQ.

Street Address (P.O. Box Number is Not Acceptable)  
600 BILTMORE WAY -

Suite, Apt. #, Etc.  
APT. 1205

City  
CORAL GABLES

State  
FL

Zip Code  
33134 7534

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of Registered Agent [Signature] Date 07/26/05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	<u>SEE ATTACHED LIST</u>		

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)(f), 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] Date 07/26/05 Daytime Phone # 305.443.3412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PROFESSIONAL

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**STOVIR FOUNDATION INC.<sup>1</sup>**  
List of Directors and Officers as of July 26, 2005

<u>Name:</u>	<u>Address:</u>	<u>Office(s):</u>
Rev. F. Amando Llorente sj	720 NE 27 <sup>th</sup> Street Miami FL 33127	Director, Chairman
José M. de Lasa Esq.	1120 N. Lake Shore Drive Apt. 6-B, Chicago IL 60611	Director, President
Jesús León P.E.	11537 Manorstone Lane Columbia MD 21044	Director, Vice President
Ramón Domínguez P.E.	14001 Drake Avenue Rockville MD 20853	Director, Vice President
David J. Cabarrocas AIA	4086 El Prado Boulevard Coconut Grove FL 33133	Director, Vice President
José Andrés Rionda PhD	24 Colts Lane Flemington NJ 08822	Director, Vice President
Agustín de Goytisolo, Esq.	600 Biltmore Way, Apt. 1205 Coral Gables FL 33134.7534	Director, Secretary, and Registered Agent
Raúl J. Salas, Esq.	4125 Pinta Court Coral Gables FL 33134	Director, Treasurer
César Baró M.D.	3847 Winding Lake Circle Orlando FL 32835	Director
Ricardo H. Puente Esq.	8025 SW 90 <sup>th</sup> Terrace Miami FL 33156	Assistant Secretary
César Felipe Baró CPA	629 Majestic Oak Drive Apopka FL 32712	Assistant Treasurer

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<sup>1</sup> A supporting organization of AGRUPACION CATOLICA UNIVERSITARIA INC., a public charity duly registered with the Official Catholic Directory.