

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
UBR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000003625

1. Corporation Name *Mirta Penelas Foundation, Inc.*

2. Principal Office Address
6209 N.W. 171 St.

3. Mailing Office Address
Same

City & State
Miami, FL

Zip *33015* **Country** *USA*

FILED
02 NOV 22 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida *6/22/98*

5. FEI Number *65-0847710*

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

7. Name and Address of Current Registered Agent

Name *A&P Registered Agent, Inc.*

Street Address (P.O. Box Number is Not Acceptable) *2450 S.W. 137th Ave.*

Suite, Apt. #, Etc. *Suite 221*

City *Miami*

State **FL** **Zip Code** *33175*

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 *[Signature]* **Date** *11/21/02*

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
<i>P&D</i>	<i>Penelas, Luis Sr.</i>	<i>6209 N.W. 171 St.</i>	<i>Hialeah, FL 33015</i>
<i>S&D</i>	<i>Penelas, Luis Jr.</i>	<i>6209 N.W. 171 St.</i>	<i>Hialeah, FL 33015</i>
<i>D</i>	<i>Torres, Pedro Pablo, Jr.</i>	<i>9830 Sw 4th St.</i>	<i>Miami, FL 33174</i>
<i>D</i>	<i>Hernandez, Daisy</i>	<i>15110 Garvock Place</i>	<i>Miami Lakes, FL 33016</i>
<i>D</i>	<i>Amaro, Humberto</i>	<i>5859 S.W. 24th Terr.</i>	<i>Miami, FL 33175</i>
<i>D</i>	<i>Fernandez, Jesus</i>	<i>11830 S.W. 24th Terr.</i>	<i>Miami, FL 33175</i>

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]* **Date** *11/20/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (8/01)