


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> N98000005726			
<b>1. Corporation Name</b> Legal and Public Affairs Support Foundation			
<b>2. Principal Office Address</b> 10040 SW 143 ST		<b>3. Mailing Office Address</b>	
Suite, Apt. # etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> Miami FL		<b>City &amp; State</b>	
<b>Zip</b> 33176	<b>Country</b> USA	<b>Zip</b>	<b>Country</b>

700065184127  
02/03/06--01047--019 \*\*358.75

CR2E081 (12/05)

<b>4. Date Incorporated or Qualified To Do Business in Florida</b>		10/05/1998
<b>5. FEI Number</b> 050868539	Applied For <input type="checkbox"/> Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> Mona Cohen	3/1/19/06 REINSTATEMENT 04-06
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 10040 SW 143 STREET	
<b>Suite, Apt. #, Etc.</b>	
<b>City</b> Miami	
<b>State</b> FL	<b>Zip Code</b> 33176

**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: Mona Cohen Date: 1/10/06

REGISTERED AGENT MUST SIGN

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S	Susan Cabell	8925 SW 108 ST	Miami, FL 33156
T	Mona Cohen	10040 SW 143 ST	Miami, FL 33
P	Jennifer Diego	18701 SW 94 AVE	Miami FL 33157
V	Jeffrey Diego	18701 SW 94 AVE	Miami FL 33157
D	Shannon Sejeck	10101 SW 152 ST	Miami FL 33157

**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 contained in Chapter 119, 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: Mona Cohen MONA COHEN 1/10/06 (306) 256-6832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #