

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 SEP 11 AM 11:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N98000006967

1. Corporation Name

Honduras Relief Efforts, Inc.

2. Principal Office Address

3180 Lake George Cove

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32812

Country

USA

3. Mailing Office Address

3180 Lake George Cove

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32812

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/8/1998

5. FEI Number

59-3547606

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Nina Adams

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

3180 Lake George Cove Dr.

Suite, Apt. #, Etc.

City

Orlando, FL

State

FL

Zip Code

32812

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

Nina Adams

REGISTERED AGENT MUST SIGN

Date

8/28/00

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
P	Jose Ernesto Chacon <i>D</i>	3101 McEwan Lane	Orlando, FL 32812
VP	Anna Maria Adams <i>D</i>	3180 Lake George Cove Dr.	Orlando, FL 32812
S	Francisco Brocato <i>D</i>	3413 Jon Jon DR.	Orlando, FL 32822

KE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Ernesto Chacon

Date

8/28/00

Daytime Phone #

407-207-4632

CR2E081 (9/99)