

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
RESTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -3 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99006000525

1. Corporation Name

CENTURION ONE FOUNDATION

2. Principal Office Address

4733 W. ATLANTIC AVE 10201 HAMMOCKS BLVD.

Suite, Apt. #, etc.

SUITE C-14

City & State

DELRAY BEACH

Zip

33445

Country

WEST PALM BEACH

3. Mailing Office Address

10201 HAMMOCKS BLVD.

Suite, Apt. #, etc.

SUITE 153 - 118

City & State

MIAMI FLORIDA

Zip

33196

Country

MIAMI DADE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

JESSICA BRYSON

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

10201 HAMMOCKS BLVD.

Suite, Apt. #, Etc.

SUITE 153 - 118

City

MIAMI

State
FL

Zip Code

33196

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

Jessica Bryson

REGISTERED AGENT MUST SIGN

Date 11/8/2002

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
PRES.	JORGE BRYSON (D)	10201 HAMMOCKS BLVD S. 153-118	MIAMI, FL. 33196
SEC.	LORETTA BRYSON (D)	10201 HAMMOCKS BLVD S. 153-118	MIAMI, FL. 33196
TREA.	RICK ESPINEL (D)	10201 HAMMOCKS BLVD S. 153-118	MIAMI, FL. 33196
V.P.	ELENA WOODARD	10201 HAMMOCKS BLVD S. 153-118	MIAMI, FL. 33196
DIRECTOR			

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:

JORGE BRYSON
PRESIDENT
DIRECTOR

11/8/2002

305 382 6962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

ZalZ

Centurion One Foundation Inc.

— A Non-Profit Organization —

ADDRESS: 4733 W. ATLANTIC AVE., SUITE C-14, DELRAY BEACH, FLORIDA 33445
TEL (305) 382-6962 FAX (309) 294-1862 E-MAIL CENTURIONCEO@AOL.COM

November 8, 2002

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

Ref: Centurion One Foundation, Inc. - Reinstatement.

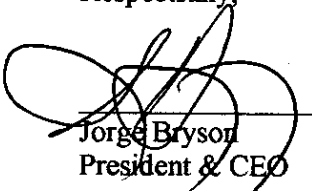
Dear Sir or Madam:

Enclosed please find the Reinstatement Form for Centurion One Foundation, Inc.

We are hereby requesting that you waive the late fee as we did not receive any reinstatement notices or forms for the year 2001.

We thank you for your prompt assistance in this matter.

Respectfully,



Jorge Bryson
President & CEO