PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION REINSTATEMENT 01102

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 # N99000000525

1. Corporation Name
CENTURION ONE FOUNDATION

700009328827
12/03/02--01075--025 **131.25

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 4733 W. ATLANTIC AVE | 10201 HAMMOCKS BLVD. |
| Suite, Apt. #, etc.: SUITE C-14 | Suite, Apt. #, etc.: SUITE 153 — 118 |
| City & State: DELRAY BEACH | City & State: MIAMI FLORIDA |
| Zip: 33445 Country: WEST PALM BEACH | 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. Date: 11/8/2002
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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

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: PRESIDENT. JORGE BRYSON DIRECTOR 11/8/2002 305 382 6962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2 of 2

# 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