


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N99000001707			
1. Corporation Name Full Proof Charitable and Educational Foundation			
2. Principal Office Address 1175 NE 125 St Suite, Apt. #, etc. 203 City & State North Miami, FL Zip 33161 Country USA		3. Mailing Office Address 1175 NE 125 St Suite, Apt. #, etc. 203 City & State N. Miami, FL Zip 33161 Country USA	

4. Date Incorporated or Qualified To Do Business in Florida 3/18/99	
5. FEI Number 650909594	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name BRENDA MOSS		
Street Address (P.O. Box Number is Not Acceptable) 1175 NE 125 St Suite, Apt. #, Etc. 203 City N. Miami State FL Zip Code 33161		

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 Brenda Moss REGISTERED AGENT MUST SIGN	Date March 12, 2007

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
PT/CEO	Joseph Sweeting	1175 NE 125 St, Suite 203	Miami, FL, 33161
VP/Dir	Charles Arnold	1175 NE 125 St, 203	Miami, FL, 33161
CFO/Dir	Brenda Moss	1175 NE 125 St, 203	Miami, FL, 33161
Dir	Toni Barnes	1175 NE 125 St, 203	Miami, FL, 33161
Dir	LATEEA Broughton	1175 NE 125 St, 203	Miami, FL, 33161

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: Brenda Moss SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 3/12/07 Daytime Phone # 786-970-4788

By 2012

Full Proof Charitable and Educational Foundation

March 19, 2007

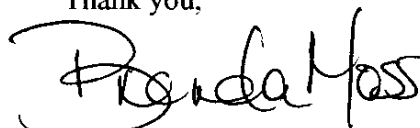
Department of State
Division Of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam:

This letter serves as a request to waive the reinstatement fee due to the annual report not being received at our current address, in the year of dissolution/revocation. The address on file at the time was to the organization's former registered agent and we were not notified that the report was due, nor did the agent file the report for our organization. To date, we have updated our files with the IRS and are requesting that all future documentations be sent to our current address below.

We have included the reinstatement application and fee for the annual report and supplemental fees of the Full Proof Charitable and Educational Foundation for processing. Please notify us of any additional information needed at 786-970-4788.

Thank you,



Brenda Moss
CFO/Director
of Major Gifts

1175 NE 125th Street, Suite 203, North Miami, Florida 33161