


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N99000004040			
1. Corporation Name New Conscience Community Development Corporation Inc.			
2. Principal Office Address 12250 John Young Pkwy Suite, Apt. #, etc. City & State Orlando, Florida Zip 32837		3. Mailing Office Address Suite, Apt. #, etc. PO BOX 770367 City & State Orlando, Florida Zip 32877-0367	


FILED
01 SEP 20 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida July 29, 1999	
5. FEI Number 59-3598086	Applied For 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 Gutierrez, Omayra Street Address (P.O. Box Number is Not Acceptable) 12428 Holly Jane Court Suite, Apt. #, Etc. City Orlando State FL Zip Code 32824		400004617144-9 -10/01/01-01020-003 ****297.50 ****297.50
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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  Date August 23, 2001

REGISTERED AGENT MUST SIGN

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
President	Rodolfo O. Font	12428 Holly Jane Ct	Orlando, FL 32824
Vice President	Luis E. Rosado	Carr 167 Altos Farmacia	Bayamon, P.R. 00961
Treasurer	William Encarnación	Urb Forest Hill Carr 867 KM 1.5 Sabana Seca BO. Ingenio	Tea Baja, P.R. 00961
Trustee	Raul Rosa	12782 Majorama Dr.	Orlando, FL 32837
Trustee	Raquel Acevedo	413 Declaration Dr	Orlando, FL 32809
Trustee	Linette Hernandez	541 Wechsler Circle	Orlando, FL 32824

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:  August 23, 2001 (407) 226-1750

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

CR2E081 (9/00)