

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherin Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILE

01 MAY 14 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FL 32302

DOCUMENT # **N99000005305**

1. Corporation Name

Family Rescue Foundation, Inc.

2. Principal Office Address

5330 SW 77 CT

Suite, Apt. #, etc.

Suite 208J

City & State

MIAMI, FL

Zip

33155-5556

Country

Dade

3. Mailing Office Address

P.O. Box 55-7487

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33255-7487

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

Sept 16, 1999

5. FEI Number

65-0949176

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

RAMON DIAZ

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

5330 SW 77 CT, Suite 208J

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33155-5556

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

Ramon Diaz

REGISTERED AGENT MUST SIGN

Date

03/14/01

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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/T	RAMON DIAZ	5330 SW 77 CT, 208J	MIAMI, FL 33155
V/S	LEONOR CORSA DIAZ	5330 SW 77 CT, 208J	MIAMI, FL 33155
D	Felipa DIAZ	5325 SW 77 CT, 202 F	MIAMI, FL 33155
D	RAMON DIAZ	5330 SW 77 CT, 208J	MIAMI, FL 33155
D	LEONOR CORSA DIAZ	5330 SW 77 CT, 208J	MIAMI, FL 33155
			MW

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, I owe by the corporation have been paid and the names of individuals listed on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

Ramon Diaz / Ramon Diaz / President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/14/01 (305) 274-1019

Daytime Phone #

CR2E081 (9/00)