

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 MAR -7 AM 10:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



00-01

DOCUMENT # **N99000005823**

1. Corporation Name
RENTERIA FAMILY FOUNDATION, INC.

Principal Place of Business 12926 N.W. 20TH STREET PEMBROKE PINES FL 33028	Mailing Address 12926 N.W. 20TH STREET PEMBROKE PINES FL 33028
----------------------------------------------------------------------------------	----------------------------------------------------------------------

If above addresses are incorrect in any way, file through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida 08/30/1999
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number Applied For <input checked="" type="checkbox"/> Applied For Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
Zip	Country	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	RENTERIA, EDGAR	12926 N.W. 20TH STREET	PEMBROKE PINES FL 33028
D	RENTERIA, EDINSON	12926 N.W. 20TH STREET	PEMBROKE PINES FL 33028
D	RENTERIA, EVER	12926 N.W. 20TH STREET	PEMBROKE PINES FL 33028

REINSTATEMENT

100003828391-5
-03/09/01--01066--028

8. Name and Address of Current Registered Agent RENTERIA, EDINSON 12926 N.W. 20TH STREET PEMBROKE PINES FL 33028	9. Name and Address of Newly Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
---------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Edison Renteria Date: 2/26/01

REGISTERED AGENT MUST SIGN

11. 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: Edison Renteria Date: 2/26/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR