

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 AUG 20 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # N99000006040

1. Corporation Name

BARREIRO FOUNDATION, INC.

2. Principal Office Address		3. Mailing Office Address	
1454 SW FIRST STREET		P.O. BOX 015644	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 120			
City & State		City & State	
MIAMI, FL		MIAMI, FL	
Zip	Country	Zip	Country
33135	USA	33101-5644	USA

REINSTATEMENT 00-02

4. Date Incorporated or Qualified To Do Business in Florida	
OCT 12, 1999	
5. FEI Number	Applied For
65-0953039	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
BRUNO BARREIRO

Street Address (P.O. Box Number is Not Acceptable)
1454 SW FIRST STREET

Suite, Apt. #, Etc.
SUITE 120

City
MIAMI

State
FL

Zip Code
33135

600007295296--7
-08/23/02-01007-001
****358.75 ****358.75

CR2E081 (8/01)

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 Bruno Barreiro

Date 08-15-02

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
PD	BRUNO BARREIRO	325 OCEAN DR, APT 401	MIAMI BEACH, FL 33139
VPD	GUSTAVO BARREIRO	325 OCEAN DR, APT 401	MIAMI, FL 33139
STD	ANIBAL DUARTE-VIERA	8550 NW 33RD ST, #200	MIAMI, FL 33122
D	EMILIO AROSTEGUI	418 SW 87TH CT	MIAMI, FL 33174

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: Bruno Barreiro Date 08-15-02 Daytime Phone # 305-642-2228