

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 MAR 20 AM 7:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 09900000 6147

1. Corporation Name  
The Francisco Garcia-Bengochea Foundation, Inc.

2. Principal Office Address - No P.O. Box # 4570 St. Johns Avenue Suite, Apt. #, etc. Suite 1A City & State Jacksonville, Florida Zip 32210		Country USA		3. Mailing Office Address 4570 St. Johns Avenue Suite, Apt. #, etc. Suite 1A City & State Jacksonville, Florida Zip 32210		Country USA	
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**REINSTATEMENT** 04-08  
CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida: 10/14/1999

5. FEI Number: 59-3603312  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: Frank J. Yong

Street Address (P.O. Box Number is Not Acceptable): 4570 St. Johns Avenue

Suite, Apt. #, Etc.: Suite 1A

City: Jacksonville State: FL Zip Code: 32210

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: *Frank J. Yong* Date: 3/17/2008  
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
D	Javier Garcia-Bengochea	4901 Vandiveer Road	Jacksonville, Florida 32210
D	Mary Garcia-Bengochea	4901 Vandiveer Road	Jacksonville, Florida 32210
D	Margarita M. G. Schumacher	1886 Montgomery Place	Jacksonville, Florida 32205
D	James Schumacher	1886 Montgomery Place	Jacksonville, Florida 32205
	<i>J 3/21</i>		

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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: *[Signature]* Date: 3/17/08 Daytime Phone #: 904-385-4828  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR