


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 OCT -4 AM 10:14

DEPARTMENT OF STATE
ALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 799000006147

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

2. Principal Office Address - No P.O. Box # 4575 St. Johns Avenue		3. Mailing Office Address 4575 St. Johns Avenue	
Suite, Apt. #, etc. Suite 4		Suite, Apt. #, etc. Suite 4	
City & State Jacksonville, Florida		City & State Jacksonville, Florida	
Zip 32210	Country	Zip 32210	Country

700186146217
10/01/10--01040--004 **297.50
09-10 CR26081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida **10/18/99**

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)
4575 St. Johns Avenue, Suite 4

Suite, Apt. #, Etc.

City **Jacksonville** State **FL** Zip Code **32210**

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* REGISTERED AGENT MUST SIGN Date 9/28/2010

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	4903 Morven Road	Jacksonville, FL 32210
D	Mary Garcia-Bengochea	4903 Morven Road	Jacksonville, FL 32210
D	Margarita M. Schumacher	1886 Montgomery Place	Jacksonville, FL 32205
D	James Schumacher	1886 Montgomery Place	Jacksonville, FL 32205

10. E-mail Address: traci_venable@yahoo.com
(To be used for future annual report notification)

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. I further certify, 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: *Mary Garcia-Bengochea* **Mary Garcia-Bengochea** 9/24/10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4-9043894828