PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 OCT 27 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000089719

1. Corporation Name

FOSTER Community, INC.

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
1830 E. Broadway	
Suite, Apt. #, etc.: 124-313	Suite, Apt. #, etc.:
City & State: Tucson AZ	City & State:
Zip: 85719 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — Applied For — Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Eric P. Littman 300024396178
Street Address (P.O. Box Number is Not Acceptable): 7695 SW. 104 Street, Suite 210 10/04/03--01014--007 **750.00
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33156

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: _____ REGISTERED AGENT MUST SIGN Date: 10/24/03

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES DIR	Raymond Desmond	7091 E. Calle Arandas	Tucson AZ 85750
SEC, DIR	KAREN M. Fisher	7860 E. CAMINO LOS BRAZOS	TUCSON AZ 85750
DIR	TONY RAY BAKER	1650 E. Riverrd	TUCSON AZ 85718
DIR	DEVRA CLINTON	5581 Skyset Loop	TUCSON AZ 85750
TREAS DIR	PATRICIA FREEMAN	2534 E 18TH ST	TUCSON AZ 85716

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: X _____ 10/4/03 (520) 327 2366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RAYMOND DESMOND, DIRECTOR

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