

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATE
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000008680

1. Corporation Name

Nation of Warriors, Inc.

2. Principal Office Address

1102 N. Flagler Ave.

Suite, Apt. #, etc.

City & State

Homestead, Fl.

Zip

33030

Country

USA

3. Mailing Office Address

1102 N. Flagler Ave.

Suite, Apt. #, etc.

City & State

Homestead, Fl.

Zip

33030

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/2001

5. FEI Number

65-0736403

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

Maria L. Perez

Street Address (P.O. Box Number is Not Acceptable)

20260 SW 317 St.

Suite, Apt. #, Etc.

City

Homestead

State
FL

Zip Code

33030

800008829798

11/05/02--01075--003 ***15.00

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

Maria Perez

Date 10/31/2002

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	Pastor Conrad De La Torres	1102 N. Flagler Ave.	Homestead, Fl. 33030
D	Patricia De La Torres	1102 N. Flagler Ave	Homestead, Fl. 33030
SD	Maria L. Perez	1102 N. Flagler Ave.	Homestead, Fl. 33030

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:

Conrad De La Torres

Conrad De La Torres

10/31/2002 305-247-2616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

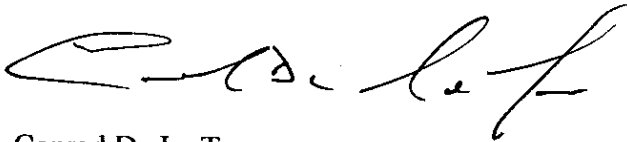
October 31, 2002

Nation of Warriors
1102 N. Flagler Ave.
Homestead, Fl. 33030

To whom it may concern;

This letter is to certify that we did not receive the notice to renew our corporation. With this in mind, please waive the late fee. Thank you for your help in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Conrad De La Torres". The signature is fluid and cursive, with the first name "Conrad" being more prominent and the last name "De La Torres" written in a more compact, flowing style.

Conrad De La Torres