

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 23 PM 12:06

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P04000043976

1. Corporation Name

Proyecto Memoria, Inc.

2. Principal Office Address

516 NW 59th Avenue

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33126

Country
US

3. Mailing Office Address

516 NW 59th Avenue

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33126

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida 03/09/2004

5. FEI Number
20-0856616

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name
Alejandro Moreno

Street Address (P.O. Box Number is Not Acceptable)
516 NW 59th Avenue

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33126

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/16/2006

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
P	Alejandro Moreno	516 NW 59th Avenue	Miami, FL 33126
T	Bonifacio F. Alonso	3165 SW 4th Street	Miami, FL 33135
VP	Jose A. Lima	4345 SW 117th Avenue	Miami, FL 33175
VP	Jorge J. De Guzman	12823 SW 45th Terrace	Miami, FL 33175
S	Orlando Martinez-Paz	756 West 53rd Terrace	Hialeah, FL 33012

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/2006

Date

Daytime Phone #