1 of 2

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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 26 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P - 03508

1. Corporation Name

Be Your Host Foundation, Inc.

REINSTATEMENT 01-04

2. Principal Office Address	3. Mailing Office Address
8725 NW 18th Terrace	8725 NW 18th Terrace
Suite, Apt. #, etc. Suite 301	Suite, Apt. #, etc. Suite 301
City & State Miami, FL	City & State Miami, FL
Zip 33172 Country USA	Zip 33172 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: April 1, 1985

5. FEI Number: 521382693 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee — State: FL — Zip Code: 32301

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: Deborah D Skipper — Deborah D. Skipper Asst. V. Pres. — Date: 2/24/04

REGISTERED AGENT MUST SIGN

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
P/D	Miriam Corso	8725 NW 18th Terrace, Suite 301	Miami, FL 33172
T/D	Jose M. Rodriguez	8725 NW 18th Terrace, Suite 301	Miami, FL 33172
S/D	Billy Perez	8725 NW 18th Terrace, Suite 301	Miami, FL 33172

10. I certify that I am an officer or director of the reorganized corporation and that the 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 executed on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Jose M. Rodriguez — Jose M. Rodriguez — 2/20/04 — 305-416-6565

SIGNATURE AND TYPED OR PRINTED NAME OF GENERAL OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
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(((H04000041907 3)))

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
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KBM

CORPORATION REINSTATEMENT

BE YOUR HOST FOUNDATION, INC.

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