PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC -1 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 718090

1. Corporation Name THE LA AMISAD FOUNDATION INC.

Principal Place of Business: 8400 LA AMISAD COVE . FERN PARK FL. 32730 .

Mailing Address:

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97

2. New Principal Office Address, If Applicable
LA AMISAD FND. INC.
Suite, Apt. #, etc
City & State: FERN PARK
Zip: 32730 Country: SEMINOLE.

3. New Mailing Office Address, If Applicable
P.O. BOX 300 302 .
Suite, Apt. #, etc
City & State: FL. 32730 . FERN PARK.
Zip: 32730 Country: SEMINOLE.

4. Date Incorporated or Qualified To Do Business in Florida: FEB, 18 1970 .

5. FEI Number: 591300 982 . Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ✓ $8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Presidw	R.A. BURNS	460 ORIENTA POINT	Altamonte Sp. FL. 32701.
Chair/ SEC/TR.	BRADLEY DAVIS	390 N. ORANGE AV. Ste 800	ORLANDO FL. 32801.
DIR.	Perry NIES.	30 MAITLAND GROVE.	MAITLAND FL. 32751.
DIR.	BRUCE WOODRUFF.	3101 Maguire Blvd.	ORLANDO FL. 32803.
DIR.	LINDA RIMMER.	6400 S. Orange Av.	ORLANDO FLA. 3280.
DIR.	Helen ~~[illegible]~~ BOOTH.	AZALEA AV.	WINTER PARK FL.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: BRADLEY DAVIS
Street Address (P.O. Box Number is Not Acceptable): 390 N. ORANGE AVE. Suite 80
Suite, Apt. #, Etc.
City: ORLANDO

200002362362--0
-12/03/97 State 010891-020
****245.00 FD | ****245.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 11-24-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: R.A. Burns PRESIDENT Nov. 24. 1997. 407 331 7226.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12-96)