

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

06 SEP -7 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO1000005610

1. Corporation Name
CONNECTION PARENT ORGANIZATION, INC.

2. Principal Office Address
NWSA 25 NE 2ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip
33132

Country
USA

3. Mailing Office Address
549 SAN ESTEBAN

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

Zip
33146

Country
USA

REINSTATEMENT
CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified To Do Business in Florida
8/9/01

5. FEI Number
65115720

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
MARCIA S. IZAGUIRRE

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

Suite, Apt. #, Etc.

City
CORAL GABLES

State
FL

Zip Code
33146

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
Marcia S. Izaguirre
REGISTERED AGENT MUST SIGN

Date
9/05/06

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	MARCIA S. IZAGUIRRE	549 SAN ESTEBAN	CORAL GABLES, FL 33146
VP	BETH FATH	1209 TANGIER	CORAL GABLES, FL 33134
T	ALFONSO JUGO	428 SEVILLA AVE	CORAL GABLES FL 33146
S	NANCY WRIGHT	138SW 100 AVE	MIAMI FL 33178
			100079716571 09/12/06--01031--013 **358.75

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: Marcia S. Izaguirre MARCIA S. IZAGUIRRE 9/05/06 3056321310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

91700