


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB 17 AM 8:00

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**REINSTATEMENT** 03-04

DOCUMENT # ~~20020005071~~ N02000000647

1. Corporation Name  
  
Charities International, Inc.

2. Principal Office Address 201 Racquet Club		3. Mailing Office Address P.O. Box 550214	
Suite, Apt. #, etc. S-403		Suite, Apt. #, etc.	
City & State Weston, FL		City & State Ft. Lauderdale, FL	
Zip 33326	Country USA	Zip 33355	Country USA

700028926967  
02/17/04--01030--001 \*\*131.25

4. Date Incorporated or Qualified To Do Business in Florida 01/30/02

5. FEI Number 04-3598953  
Applied For   
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$9.75 Additional Fee required for a Certificate of Status

MRS

7. Name and Address of Current Registered Agent

Name  
Lary D. Hudoff

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

Suite, Apt. #, Etc.  
S-403

City  
Weston, FL

State  
FL

Zip Code  
33326

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 Lary D. Hudoff Date 02/07/04

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
p/s/t/d	Lary D. Hudoff	201 Racquet Club S-403	Weston, FL 33326
d	Mary Jane Bruce	6 Spring Radial	Ocala, FL 34472
d	Sharon Adler	3008 Bonaventure Circle	Palm Harbor, FL 34684

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: Lary D. Hudoff LARY D. HUDOFF 02/07/04 (954) 854-0304

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

CR2E081 (01/04)