



	⋞PLEASI	E READ ALL INST	RUCTIONS BEFORE	COMPLETI	NG TH	IS FORM.	(0)	
	RPORATION (s	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS			FILE [6 BEC 22 AM	D: <u>2</u> 7	
DOCUMENT # N 95000005804 1. Corporation Name					SECRETARY OF STATE FALLAHASSEE. PLORIDA			
		nteer Wee	K Committee					
2. Principa	al Office Address C/O A	<i>Pearons</i> 3. Malling 0:	3. Mailing Office Address e/o Regions 3700 W. 12 Ave		REINSTATEMEN			
Suite, Apt. #, etc. City & State		Suite, Apt. #,	atc.		4. Date Incorporated or Qualified To Do Business in Florida 12/8/95		/95	
HIA/EAH F/			HIA/EAH F/33012 5. FE		Applied For 3/1/5/00/7/9/ Not Applicable			
330	I .	5, 3301	1 '	6. CERTIFICATE	OF STATUS		ional Fee required inficate of Status	
	Name	7. N	ame and Address of Current Registr	ared Agent				
	Street Address (P.O. Bo	ox Number is Not Acceptable) ONE 153	<u>s+</u>		State FL	Zip Code 33/6 Q		
Signature of Registered	g appointed the registered a of Agent	egent of the above-gamed corpo www.alm REGISTERED AG					06	
9. Name	T		rida nonprofit corporations must list at					
Titles	es Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip			
Pres	Sharon Krutulis D		11347 SW 160ST MIANI, FI 33157		MI	AMI F/	<i>33/57</i>	
VP	Julie 1	PAIM D	1220 NE 153	35+	MI	9MI Fl 3	33162	
Sec	BARBARA H	RODRIGUEZ D	3663 5 HIAN	41 Ave	Mic	9MI F/ 3	33/33	
TREAS	MARIA S	SAICEDO D	3700 W/A	Ave		LEAH F	<i>33012</i>	
					·	~~	122,50	
this re owed	instatement application, the by the corporation have be	e reason for dissolution has beer en paid and the names of individ	npowered to execute this application as a eliminated, the corporate name satisficated on this form do not qualify forweight the same legal effect as if made und	es the requirements or an exemption con	s of section 6	i07.0401 or 617.0401, F.S	., that all fees	



December 12th, 2006.

Department of State **Division of Corporations** P.O.Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

On behalf of the National Volunteer Week Committee of Miami-Dade County, Inc., I am requesting a waiver of the reinstatement fee since our officers never received said notice.

If you need any further information, please do not hesitate to contact me at (305) 824-9644.

Thank you in advance for your prompt attention to this matter.

Sincerely,

Maria Salcedo

Treasurer

National Volunteer Week Committee of Miami-Dade County, Inc. 3700 West 12^{th} Avenue

Hialeah, FL 33012