

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 29 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000961

1. Corporation Name

CHRISTIAN CHILDREN IN ACTION, INC.

Principal Place of Business

Mailing Address

~~XX~~
~~1627 N.W. 28TH AVENUE~~
~~MIAMI FL 33125-2023~~

2916 S. Douglas Road,
1st Floor

~~Coral Gables, FL 33134~~ line through incorrect information and enter correction below.

~~XX~~
~~1627 N.W. 28TH AVENUE~~
~~MIAMI FL 33125-2023~~

2916 S. Douglas Road, 1st FL
Coral Gables, FL 33134

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/1996

5. FEI Number

65-0621817

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	VALDES, EVELIO R	1627 N.W. 28TH AVENUE 2916 S. Douglas Rd, 1st FL	MIAMI FL 33125 Coral Gables, FL 33134
PD VD	GONZALEZ, VIRTUDES Terrades, Antelmo	7254 SW 108 PATH 2916 S. Douglas Road, 1st FL	MIAMI FL 33125 Coral Gables, FL 33134
TD	RODRIGUEZ, TERESA P Hernandez, Carlos	7700 ABOY AVE #8 2916 S. Douglas Road, 1st FL	MIAMI FL 33141 Coral Gables, FL 33134
SD	LEDO, ANA MARIA Terrades-Pino, Odalys	103 NW 56 AVE 2916 S. Douglas Road, 1st FL	MIAMI FL 33128 Coral Gables, FL 33134

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VALDES, EVELIO RVOO 1627 N.W. 28TH AVENUE MIAMI FL 33125-2023	2916 S. douglas road, 1st FL Coral Gables, FL- 33134	Name	Street Address (P.O. Box Number is Not Acceptable)	Suite, Apt. #, Etc.	City	State FL	Zip Code
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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

REGISTERED AGENT MUST SIGN

Date

4/19/04

11. 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:

EVELIO VALDES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/04

Date

305-441-0016

Daytime Phone #

CR2E040 (8/99)