

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 FEB -7 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N97000001972*

1. Corporation Name

RACHEL'S CHILDREN INTERNATIONAL, INC

2. Principal Office Address

1937 EAST ATLANTIC BLVD

3. Mailing Office Address

1937 EAST ATLANTIC BLVD

Suite, Apt. #, etc.

#6

Suite, Apt. #, etc.

#6

City & State

POMPANO BEACH, FL.

City & State

POMPANO BEACH, FL

Zip

33060

Country

BROWARD

Zip

33060

Country

BROWARD

REINSTATEMENT

01-02

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3439281

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

Russell M THOMAS

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

1937 EAST ATLANTIC BLVD

400004926744-2

Suite, Apt. #, Etc.

#6

02/14/02-01068-004

*****297.50 ****297.50*

City

POMPANO BEACH,

State

FL

Zip Code

33060

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *28 JAN 02*

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
DP	JANE E. THOMAS	1937 EAST ATLANTIC BLVD #6	POMPANO BEACH, FL 33060
DV	Russell M. THOMAS	1937 EAST ATLANTIC BLVD #6	POMPANO BEACH, FL 33060
D	MERRITT F. THOMAS	2442 BRANDY MILL	HOUSTON, TX, 77067
			LS

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 JAN 02

Date

954-782-8483

Daytime Phone #

Russell M THOMAS

CR2E081 (9/01)