PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 SEP 29 AM 9:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT 03

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002031

000023400160
09/29/03--01057--007 **70.00

1. Corporation Name: The Center for Positive Connections, Inc.

2. Principal Office Address: 12570 N.E. 7th Ave
Suite, Apt. #, etc.: #104
City & State: North Miami, Fl.
Zip: 33161 Country: US

3. Mailing Office Address: SAME
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 4/11/96

5. FEI Number: 650649709 [ ] 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: Sheri Kaplan
Street Address (P.O. Box Number is Not Acceptable): 12570 N.E. 7th Ave.
Suite, Apt. #, Etc.: #104
City: North Miami State: FL Zip Code: 33161

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] Date: 9/26/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P	Dr. Jose A. Pelayo	6767 Collins Ave	Miami Beach, Fl. 33141
VP	Arnetta E. Phillips	1201 NW 16th St. #D610C	Miami, Fl. 33125
T	Lawrence T. Hawkins	160 Cypress Club Dr. #609	Pompano Beach, Fl. 33060
D	Luigi Ferrer	6700 SW 52nd St.	Miami, Fl. 33155
D	Liz Oppenheim	1699 SW 27th Ave	Miami, Fl. 33145
D	David P. Newman	2470 Tropp Ave	Miami, Fl. 33133

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] Dr. Jose Pelayo — 9/26/03 — 305-970-0449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JR 7/30

THE CENTER FOR POSITIVE CONNECTIONS

HIV-SUPPORT - RESOURCE & HEALING CENTER

September 26, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed you will find a check for seventy dollars ($70.00) to cover the cost of Non-Profit Corporation Reinstatement. Please waive all additional reinstatement fees, since we never received notification from the DEPARTMENT OF STATE.

Please send the certificate of status to the following address:

The Center for Positive Connections, Inc.
12570 N.E. 7th Avenue
Suite 104
North Miami, FL 33161

Your immediate attention of this request will be appreciated.

Sincerely,

Robert Diaz
Finance Director

Enclosure

12570 N.E. 7th Avenue, Suite 104, North Miami, FL 33161
Phone 305-891-2066 • Fax 305-891-5053 • Toll Free 1-888-pos-conn(767-2666)
E-mail: pozconnect@aol.com www.positiveconnections.org