

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 702487

1. Corporation Name

CORAL GABLES PEOPLE TO PEOPLE PROGRAM, INC.  
a Not-For-Profit corporation

Principal Place of Business

Mailing Address

1317 Astoria Avenue  
Coral Gables, FL 33134

1317 Astoria Avenue  
Coral Gables, FL  
33134

REINSTATEMENT *OB-96*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

1961

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-6158815

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip  |
|------------|-------------------------------------|---|---|
| P          | BOB FERREIRA                        | 1317 Astoria Avenue   | Coral Gables FL 33134   |
| VP         | GUS CASAS                           | 1310 Columbus Blvd.   | Coral Gables FL 33134   |
| S          | LUCILLE FLEMMING                    | 1229 Palermo Ave.   | Coral Gables FL 33134   |
| T          | ALLAN HEARD                         | 1252 Alhambra Circle  | Coral Gables FL 33134   |
|            |                                     |   | 800002017098-3<br>-12/02/96-01038-010<br>****420.00 ****420.00<br><i>OB-25-96</i> |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AL SCHRADER  
P.O. BOX 140684  
CORAL GABLES, FL 33114

Name

JOHN M. THOMSON

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

370 Minorca Avenue

Suite, Apt. #, Etc.

Suite One

City

Coral Gables

State

FL

Zip Code

33134

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

*John Thomson*  
REGISTERED AGENT MUST SIGN

Date 11-15-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 817, 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 817.0401, F.S., and that all fees owed by the corporation have been paid. 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:

*John Thomson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 15, 1996 / 442-0390 (305)  
Date Daytime Phone #