


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N00000001105</b>			
<b>1. Corporation Name</b> <i>Chosen Children International Inc.</i>			
<b>2. Principal Office Address</b> <i>P.O. Box 2182</i>		<b>3. Mailing Office Address</b> <i>P.O. Box 38714</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> <i>Los Angeles, CA</i>		<b>City &amp; State</b> <i>Charlotte, N.C.</i>	
<b>Zip</b> <i>95031-2182</i>	<b>Country</b>	<b>Zip</b> <i>28278</i>	<b>Country</b> <i>U.S.A.</i>

FILED

04 APR 20 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 07-04

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04/19/04--01082--005 \*\*131.25

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <i>Feb 15, 2000</i>	
<b>5. FEI Number</b> <i>74-2946042</i>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

**7. Name and Address of Current Registered Agent**

Name

*Carol-Ann Whitehead*

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

*4908 Alder Drive*

Suite, Apt. #, Etc.

*Apt. B*

City

*West Palm Beach*

State

*FL*

Zip Code

*33417*

**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

REGISTERED AGENT MUST SIGN

Date

*4/5/04*

**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
CEO	Marilyn Cohn	14324 Arbor Ridge Drive	Charlotte, N.C. 28273
T, C	Heather Pearson	453 Saratoga Ave.	Santa Clara, CA 95050
D	Carol-Ann Whitehead	4908 Alder Drive Apt. B	West Palm Beach, FL 33417

**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:

*Marilyn Cohn* Marilyn Cohn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 13, 04*

Date

Daytime Phone #

*(904) 504-1130*

CR2ED81 (10/02)

P.O. Box 2182  
Los Gatos, CA 95031-2182  
Toll Free: (866) 599-KIDS



E info@ccikids.org  
website: [www.ccikids.org](http://www.ccikids.org)

Dear Dept. of Corporations:

Last year in 2003 one of our board members tried to pay our corporation fees on your website. However apparently it never went through. This is because you had an incorrect address for us and we never received a code number which we needed to pay our fees. The postcard you sent us was sent back to you for incorrect address.

Thus I am now paying you our fees for 2003 and 2004 plus \$8.75 for a certificate, for a total of \$131.25.

Please change our address in your records and send our certificate to our Charlotte mailing address.

Thank-you for your help.

Sincerely,

A handwritten signature in cursive script that reads "Marilyn Cohn".

Marilyn Cohn  
CEO of Chosen Children International