

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 FEB 12 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600088710916  
02/19/07--01020--014 \*\*428.75

DOCUMENT # N00000001312

**1. Corporation Name**

THRU THE EYES OF THE CHILDREN INC.  
16531 N.E. 35th Ave #2  
North Miami Beach, Florida 33160 U.S.A.

**2. Principal Office Address - No P.O. Box #**

16531 N.E. 35th Ave

**3. Mailing Office Address**

16531 N.E. 35th Ave

Suite, Apt. #, etc.

#2

Suite, Apt. #, etc.

# 2

City & State

North Miami Beach FL

City & State

N. Mia Bch, Fl. 33160

Zip

33160

Country

USA

Zip

33160

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2/2000

**5. FEI Number**

65-0972076

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

Carmen L. Carmona

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

16531 N.E. 35th Ave #2

Suite, Apt. #, Etc.

#2

City

North Miami Beach

State

FL

Zip Code

33160

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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

*Carmen L. Carmona*

REGISTERED AGENT MUST SIGN

Date 02/05/07

**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
Pre	Carmen L. Carmona	16531 N.E. 35th Ave #2	N.Miami Bch, Fl 33160
Off	Virgina Perez	12432 S.W. 28 St	Miami, Fl. 33175
DIR	Yatsabel Merced	6454 Camellia Garden #205	Orlando, Fl 32822
DIR	Carmen H. Martinez	704 Humber Lane	Orlando, Fl 32807

**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 contained in Chapter 119, 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:

*Carmen L. Carmona*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07

Date

786-556-7277

Daytime Phone #