

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 21 PM 12:30

DOCUMENT # n00000001595

1. Corporation Name

COMPASSION CONNECTION INT'L INC.

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

518 NW 102ND STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33150

Country

DADE

3. Mailing Office Address

518 NW 102ND STREET

Suite, Apt. #, etc.

City & State

MIAMI

Zip

33150

Country

33150

4. Date Incorporated or Qualified
To Do Business in Florida

3/10/2000

5. FEI Number

650997642

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

Desrene Allen

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

4021 NE 2nd WAY

Suite, Apt. #, Etc.

City

DEERFIELD BCH

State

FL

Zip Code

33064

☐ 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

Desrene Allen

REGISTERED AGENT MUST SIGN

Date 3/25/08

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/T <input checked="" type="checkbox"/>	DAPHNIE STEWART	518 NW 102ND STREET	MIAMI, FL 33150
VP/D	DESRENE ALLEN	4021 NE 2ND WAY	DEERFIELD BCH, FL 33064
S	DAPHNIE STEWART	518 NW 102 STREET	MIAMI FL 33130
D	KEITH ALLEN	40210NE 2ND WAY	DEERFIELD BCH, FL 33064

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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:

Daphnie Stewart

Daphnie Stewart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/08

Date

(305) 751-3828

Daytime Phone #