

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000001830

1. Corporation Name

HIMALAYAN CHILDREN'S CHARITIES, INC.

Principal Place of Business

Mailing Address

12983 SW 132ND COURT
MIAMI FL 33186

12983 SW 132ND COURT
MIAMI FL 33186

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

2. New Principal Office Address, If Applicable

355 BROOK FORD PT

3. New Mailing Office Address, If Applicable

355 BROOK FORD PT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALPHARETTA GA

City & State

ALPHARETTA GA

Zip

30022

Country

USA

Zip

30022

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/21/2000

5. FEI Number

65-0995336

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DIR	SCHLABAUGH, JOHN	1117 MT CARMEL CHURCH RD	CHAPEL HILL NC 27514
PRES	KEENAN, BRUCE	7928 WEST DRIVE APT 509	N BAY VILLAGE FL 33141
DIR	KEENAN, SUSAN	355 BROOK FORD PT	ALPHARETTA GA 30022
DIR	TATTA, ADELE	1117 MT CARMEL CHURCH RD	CHAPEL HILL NC 27514

8. Name and Address of Current Registered Agent

KEENAN, BRUCE
7928 WEST DRIVE #509
N BAY VILLAGE FL 33141

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/30/02

11. 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 REQUIRED KEENAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/02 305-495-7531

Daytime Phone #

CR2040 (8-02)