

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN 14 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000003378
1. Corporation Name
Cecile DayCare Center and
Family Development Foundation, Inc

000005911310--0
-06/21/02--01074--020
*****70.00 *****70.00

2. Principal Office Address
183 NE 57th St
Suite, Apt. #, etc.
City & State
Miami, FL
Zip Country
33137 U.S.A.

3. Mailing Office Address
183 NE 57th St
Suite, Apt. #, etc.
City & State
Miami, FL
Zip Country
33137 U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida 6/16/2000
5. FEI Number 651012119
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 Pierre M. Alcindor
Street Address (P.O. Box Number is Not Acceptable)
871 NE 195th St
Suite, Apt. #, Etc.
401
City Miami
State Zip Code
FL 33179

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 Pierre M. Alcindor
REGISTERED AGENT MUST SIGN Date 4/29/02

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
Pres. ①	Pierre M. Alcindor	871 NE 195th St # 401	Miami, FL 33179
Vice Pres. ②	Steven Michel Lauriston	460 NW 89 St	Miami, FL 33150
Sec. ③	Jean S. Lauriston	460 NW 89 St	Miami, FL 33150

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: Pierre M. Alcindor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/29/02 (305) 751-7437
Daytime Phone #

CR2E081 (9/01)