PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN 19 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000006883

1. Corporation Name
FOSTER Childrens United Society, INC
18090 COLLINS Avenue Suite 103
SUNNY Isles Beach, FL 33160

REINSTATEMENT 01-03

2. Principal Office Address	3. Mailing Office Address
18090 COLLINS AVE. #103	(Same)
Suite, Apt. #, etc.: Suite 103	Suite, Apt. #, etc.: (Same)
City & State: SUNNY Isles Beach FLORIDA	City & State: (Same)
Zip: 33160 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 10/16/2000

5. FEI Number: 65-1064051 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $30.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MARQUETTE D. KENT

Street Address (P.O. Box Number is Not Acceptable): 253 172ND Street #218

700018676087
05/08/03--01074--005 **30.00

Suite, Apt. #, Etc.:

City: SUNNY Isles Beach State: FL Zip Code: 33160

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: _____ Date: 5/6/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Executive Director	MARQUETTE D. KENT	253 172ND ST #218	SUNNY Isles Beach, FL 33160
Director	Peter J. Riedel	253 172ND ST #218	SUNNY Isles Beach, FL 33160
Treasurer	Jim Kerbovac	4643 HEGGE Rd	St. Louis, Missouri 63134
Secretary	Michelle Willis	8262 January St.	St. Louis, Missouri 63134

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: _____ MARQUETTE D. KENT 5/6/03 954-557-2279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 6/20