

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000001595

1. Corporation Name

ABANDONED & ORPHANED CHILDREN MISSION CORP.

Principal Place of Business

Mailing Address

1421 NORTHWEST 13TH COURT
FORT LAUDERDALE FL 33311

1421 NORTHWEST 13TH COURT
FORT LAUDERDALE FL 33311

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/2001

5. FEI Number

65-1082939

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
PD	JASMIN, NUCKLASS	1421 NORTHWEST 13TH COURT	FORT LAUDERDALE FL 33311
VD	JASMIN, KENZOT	1421 NORTHWEST 13TH COURT	FORT LAUDERDALE FL 33311
S	MCPHEE, JETTA	1421 NORTHWEST 13TH COURT	FORT LAUDERDALE FL 33311
D	MAXCENA, DOLY	1421 NORTHWEST 13TH COURT	FORT LAUDERDALE FL 33311

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NUCKLASS JASMIN

Date

Daytime Phone #

10-16-03



REINSTATEMENT 03

FILED

03 OCT 21 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2ED40 (7/03)

**ABANDONED & ORPHANED CHILDREN MISSION CORP.
1421 N. W. 13 CT.
FT. LAUDERDALE, FL 33311**

October 16, 2003

Glenda E. Hood, Secretary of State
Florida Dept. of State
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Document # N01000001595

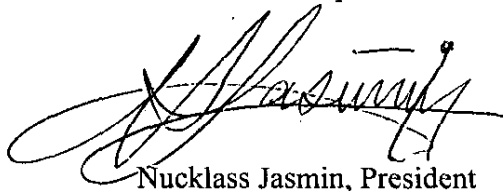
Dear Sir or Madam:

The above not for profit corporation applies for reinstatement excluding the penalty fee because it did not receive any prior uniform business report notices.

We greatly thank you for your time and assistance in this matter. Should you have any questions, please do not hesitate to contact us.

Very truly yours,

Abandoned & Orphaned Children Mission Corp.



Nucklass Jasmin, President