

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 17 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000003133**

1. Corporation Name

**LATIN AMERICAN CHILDREN AND FAMILIES FOUNDATION,
INC.**

Principal Place of Business

Mailing Address

**3680 INVERRARY DR STE 2R
LAUDERHILL FL 33319**

**3680 INVERRARY DR STE 2R
LAUDERHILL FL 33319**



REINSTATEMENT 03

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

31-1781283

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CHARRIS, MARLENE P	3680 INVIRORY DR. # 2R	FORT LAUDERDALE FL 33319
D	COIMPOUVERDE, CECILIA	8 CASTON WAY	BOYNTON BEACH FL 33426
D	TEVJILLOS, ALVARO	201 ROCKET CLUB RD #S 518	FORT LAUDERDALE FL 33326

100023869191
10/17/03-01018-002 **\$1.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CHARRIS, MARLENE P
3680 INVERRARY DR STE 2R
LAUDERHILL FL 33319**

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

Marlene P. Charris
REGISTERED AGENT MUST SIGN

Date **10/12/03**

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:

Alvaro Trujillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-03 (954) 425-4289

Date

Daytime Phone #

CR2E040 (7/03)



LATIN AMERICAN CHILDREN AND FAMILIES FOUNDATION, INC.

LACAFF

Family Counseling, Parent Education, Crisis Intervention

Fort Lauderdale, 10-12-2003

Florida Department of state
Division of Corporations
Annual report/Reinstatement Section
Tallahassee, FL

Dear Sir-Sirs

We are sending this letter to inform you, that our corporation did not received the two
Prior uniform business report (UBR) notices. We are applying for the reinstatement of
Latin American Children and Families Foundation, Inc.

Sincerely ,

Marlene P. Charris
Marlene P. Charris
Aaaregistered Agent