

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -9 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *NO 000004112*

1. Corporation Name

*Abuse Children's & Emergency
Family Assistance Corp.*

2. Principal Office Address

7331 WEST FLAGLER ST

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33144

Country

Dade

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

June 13, 2001

5. FEI Number

65-1114679

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

Leyanis CRUZ

700018679967

Street Address (P.O. Box Number is Not Acceptable)

6445 WEST 24 AVE.

*05/09/03--01074--022 **131.2*

Suite, Apt. #, Etc.

46

City

Hialeah

State

FL

Zip Code

33016

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *4/29/03*

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 |
|------------------|--------------------------------------|---|-------------------------|
| <i>President</i> | <i>Leyanis CRUZ</i> | <i>6445 WEST 24 AVE</i> | <i>Hialeah FL 33016</i> |
| <i>Vice-Pres</i> | <i>Jorge Luis Velazquez</i> | <i>1001 S.W 4 ST #4</i> | <i>Miami FL 33130</i> |
| <i>Secretary</i> | <i>Lisbet Menendez</i> | <i>6090 WEST FLAGLER ST #405</i> | <i>Miami FL 33144</i> |
| | | | |
| | | | |
| | | | |

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)(f), 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] *Leyanis CRUZ*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/03 *305-266-2320*

Daytime Phone #

71 5/19