

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 17 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000004971

1. Corporation Name

Florida Children's Environmental Health Alliance

000137999450
11/17/08--01049--011 **358.75

2. Principal Office Address - No P.O. Box #

7642 NW 19th ST

3. Mailing Office Address

PO Box 848036

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33024

Country

USA

Zip

33084-0036

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/13/2001

5. FEI Number

65-1147958

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

Janvier Gasana, MD, PhD

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

7642 NW 19th ST

Suite, Apt. #, Etc.

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

City

Pembroke Pines

State

FL

Zip Code

33024

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

Janvier Gasana
REGISTERED AGENT MUST SIGN

Date November 12, 2008

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
C/D	Janvier Gasana, MD, PhD	7642 NW 19th ST	Pembroke Pines, FL 33024
D	Armando Chamorro	425 SW 17th AVE	Miami, FL 33135
D	Michael Melchior	12650 SW 191st ST	Miami, FL 33177

REINSTATEMENT

PH

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 contained in Chapter 119, 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:

Janvier Gasana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janvier Gasana, MD, PhD

Nov. 12, 2008

Date

954-608-8223

Daytime Phone #