

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 21 PM 12:10

DOCUMENT # N01000008006

1. Corporation Name

OPEN UP MY HEART, INC.

REINSTATEMENT 02-04

2. Principal Office Address

1110 BRICKELL AVENUE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE 430

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33131

Country

USA

Zip

Country

200038133732

06/21/04--01052--001 **183.75

4. Date Incorporated or Qualified

To Do Business in Florida NOVEMBER 9, 2001

5. FEI Number

65-1150946

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

KARIN VICKERS, CPA

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

14400 NW 77TH COURT

Suite, Apt. #, Etc.

SUITE 306

City

MIAMI LAKES

State

FL

Zip Code

33015

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

Karin Vickers

Date

06/10/04

REGISTERED AGENT MUST SIGN

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
CHAIR	NINA-DAWNE WILLIAMS	2420 BRICKELL AVE, #107B	MIAMI, FL 33129
DIR	NINA J. WILLIAMS	16408 RUBY LAKE	WESTON, FL 33331
DIR	ROSIE GORDON WALLACE	686 NE 56 ST	MIAMI, FL 33137
DIR	JAMES E. EVANS	1475 NE 126 ST, #C501	MIAMI, FL 33161

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

15 Jun 2004

CR2E081 (01/04)

June 10, 2004

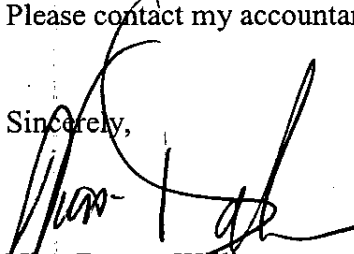
Department of State
Division of Corporations
P. O. Box 6237
Tallahassee, FL 32399

Dear Sir or Madam:

Enclosed you will find a completed Corporation Reinstatement Application and the applicable filing fee of \$183.75. We are requesting a waiver of the \$175 reinstatement fee as advised by a representative from your office. We were informed by her that the letter that was sent by your office to notify us that we were in jeopardy of administrative dissolution was returned to your office undelivered. The enclosed check of \$183.75 represents the annual report fees and does not include the \$175 reinstatement fee.

Please contact my accountant, Karin Vickers, at 305-819-9555 if you have any questions.

Sincerely,



Nina-Dayne Williams
Chairperson

Enclosures (2)