	, and					
52	FASE	READ ALL II	NSTRUCTIONS	REFORE (COMPLETING	THIS FORM
	,_,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1011100110110		JOIVII LETTING	FILED

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			SECRETARY OF STATE DIVISION OF CORPORATIONS 04 FEB 17 AM 8: 00			
DOCUMENT #2000000011. No205 1. Corporation Name Charities International, Inc.				00000 647					· ·
					REIN	REINSTATEMENT <u>03</u>			
2. Principal Office Address 201 Racquet Club 2. Principal Office Address 3. Mailing Office Address			■ Latter 1 1 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2		7289265 -01030001	167 **131.25 /	n. A		
Suite, Apt. #, etc. Suite, Apt. #, S-403			etc.	4. Date Incor	porated or	fano em em <u>il</u> e di e z e e	/	nr T	
Ony & State City & State Weston, FL Ft. Lauce			Ft. Lauder	erdale FI 5. i				Applied For Not Applicable	e
Zip 33326	1	Country USA	Zip 33355	Country USA	6. CERTIFICAT	E OF STATE	US DESIRED S8.75	Additional Fee requir Certificate of Status	
	Suite, Apt. # S-403	ess (P.O. Box Number is N quet Club		stered Agent	State	Zip Code			
8. I, being Signature o Registered	t	registered agent of the about	A A	ration, am familiar with and accept the	e obligations of sect		33326 05 or 617.0503, F.S. 02/07/04		CRZE081 (01/04)
9. Names	and Street Ad	dresses of Each Officer and	d/or Director (Flor	rida nonprofit corporations must list a	at least 3 directors)				
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip			
p/s/t/d_	Lary D. Hudoff,			201_Racquet Club.S-403		-Weston, FL 33326		-	
đ	Mary Jane Bruce			6 Spring Radial		Ocala, FL 34472			
d	Sharon Adler			3008 Bonaventure Circle		Palm Harbor, FL 34684			
								·	_

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 filling this reinstalement 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 of 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 CHING OFFICER OR DIRECTOR

(954) 854-0304

Daytime Phone #