

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR -2 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO2000002773

1. Corporation Name

The Children's Foundation, Inc.

2. Principal Office Address

1600 S. Andrews Avenue

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

Zip

33316

Country

Broward

3. Mailing Office Address

1600 S. Andrews Avenue

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

Zip

33316

Country

Broward

4. Date Incorporated or Qualified

To Do Business in Florida 04/16/2002

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-04

7. Name and Address of Current Registered Agent

Name

William R. Scherer, Esq.

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

633 South Federal Highway

Suite, Apt. #, Etc.

8th Floor

City

Fort Lauderdale

State

FL

Zip Code

33301

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

William R. Scherer

Date

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
Chairman	Luis Rodriguez	1451 West Cypress Creek Road	Fort Lauderdale, FL 33316
V-Chair	Wil Trower	303 S.E. 17th Street	Fort Lauderdale, FL 33316
Sec/Tr	Joe Scott	1600 S. Andrews Avenue	Fort Lauderdale, FL 33316

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:

Joe Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/26/04

Daytime Phone #

CR2E081 (01/04)