

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #		N02000003858	
1. Corporation Name <i>SEND-A-SMILE NETWORK</i>			
2. Principal Office Address <i>4610 NW 71st</i> Suite, Apt. #, etc.		3. Mailing Office Address <i>1480 N.W. 44st.</i> Suite, Apt. #, etc.	
City & State <i>Miami, Florida</i>	Zip <i>33127</i>	City & State <i>Miami, Florida</i>	Zip <i>33142</i>
4. Date Incorporated or Qualified To Do Business in Florida <i>12/07/2001</i>			
5. FEI Number <i>65-1131324</i>		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> 38.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name <i>Donnie Coleman Jr.</i> Street Address (P.O. Box Number is Not Acceptable) <i>1480 N.W. 44st</i> Suite, Apt. #, Etc. <i>miami, Florida</i> <i>RECEIVED 10/10/04</i> State FL Zip Code 33142			
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 x <i>H. Ch</i> Donnie Coleman JR Date 8/10/2004 Registered Agent 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 <i>Dir.</i>	Name of Officers and/or Directors <i>Carol Miller</i>	Street Address of Each Officer and/or Director <i>1942 NW 55st (apt 3) Miami, FL 33142</i>	City / State / Zip <i>FL 33142</i>
<i>Dir.</i>	<i>Maryel Derival</i>	<i>2605 NW 135st Miami, FL 33142</i>	
<i>Dir.</i>	<i>Tabitha Coleman</i>	<i>2407 NW 135st (apt 3/7) Miami, FL 33167</i>	
<i>Dir.</i>	<i>Travis Davis</i>	<i>1150 SW 15th St Miami, FL 33130</i>	
<i>Dir.</i>	<i>Debra D. Lopez</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)(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:	<i>Donna A. Coleman / President & CEO</i>		<i>8/10/2004 305 634-7942</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

2 of 2

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
Tallahassee, Florida 32314

SUBJECT: SEND-A-SMILE NETWORK COMMUNITY OUTREACH CORP.
Ref. Number: N02000003858
Letter Number: 104A00051090

04 SEP -3 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

To Whom Concerned:

I did not receive a letter of 2003/ 2004 annual report notice
I would like at this time to have the reinstatement fee waived.

When I sent you the \$122.50 for filing fees/ and \$8.75 for a certificate of status I thought that the annual report was something that I was responsible for picking up or sending off for, I did not understand that the annual report was suppose to be sent to me.

Therefore, this request to waive the reinstatement fee is valid because I did not receive a annual report notice for the years 2003 / 2004.

Juanita D. Coleman
Founder/ President & CEO