

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP -3 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000003858

1. Corporation Name

SEND-A-SMILE NETWORK

100040161831
08/13/04--01017--004 **8.75

2. Principal Office Address

4610 NW 7 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

1480 N.W. 44 St.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip
33127

Country

Dade

City & State

Miami, Florida

Zip
33142

Country

Dade

100040161831
08/13/04--01017--003 **122.50

EIN# 65-1131324

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/2001

5. FEI Number

65-1131324

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

Donnie Coleman JR.

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

1480 N.W. 44 St

Suite, Apt. #, Etc.

Miami, Florida

City

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 ☒
Registered Agent

Donnie Coleman JR.
REGISTERED AGENT MUST SIGN

Date 8/10/2004

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 |
|--------|--------------------------------------|---|--------------------|
| Dir. | Carol Miller | 1942 NW 55 St (apt B) | Miami, FL 33142 |
| Dir. | Myrel Derival | 2605 NW 135 St | Miami, FL 33142 |
| Dir. | Tabitha Coleman | 2407 NW 135 St (Apt 317) | Miami, FL 33167 |
| Dir. | Travis Davis | 1150 S W 1 Street | Miami, FL 33130 |
| Dir. | Debra Davis | | |

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:

Juanita A. Coleman / President & CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/2004 634-7942
Date Daytime Phone #

CR2E081 (01/04)

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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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 waiver 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