

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 24 PM 2:50

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000008012

1. Corporation Name
WE ARE ALL FAMILY, INC
6330 S.W. 44 ST
MIAMI FL 33155

600065562646
02/10/06--01006--004 **367.50

2. Principal Office Address
6330 S.W. 44 ST

3. Mailing Office Address
6330 SW 44 ST.

REINSTATEMENT 03-05
CR2E081 (8/05)

Suite, Apt. #, etc.
—

Suite, Apt. #, etc.
—

4. Date Incorporated or Qualified
To Do Business in Florida 10/17/2002

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

5. FEI Number
Applied For
Not Applicable

Zip
33155

Country
USA.

Zip
33155

Country
USA.

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MARILYN-CHE GARCIA

Street Address (P.O. Box Number is Not Acceptable)
6330 SW 44 ST

Suite, Apt. #, Etc.
—

City
MIAMI

State
FL

Zip Code
33155

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 Marilyn Che Garcia

Date NOV 14, 2005

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
P/D	GARCIA MARILYN-CHE	6330 SW 44 ST.	MIAMI FL 33155
V/P/D	ALVAREZ EDIKA	11744 SW 18 ST. Apt. 306	MIAMI FL 33175
S/D	GONZALEZ MARILYN C.	4300 SW 62 Ave	MIAMI FL 33155
T/D	TAVARES MIGUEL	12840 SW 8 ST.	MIAMI FL 33165

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: Marilyn Che Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/14/05 (786) 412-0998
Daytime Phone #

1/27/06