

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILED

06 MAR -6 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000008287

1. Corporation Name

HOGAR INFANTIL REMANSO DE AMOR, INC.

REINSTATEMENT

03-06 RSC

2. Principal Office Address

13025 NW 15 AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

13025 NW 15 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33167

Country

USA

Zip

33137

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/2002

5. FEI Number

20-4265233

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

CECILIA OTERO

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

479 NE 30 ST

Suite, Apt. #, Etc.

605

City

MIAMI

State

FL

Zip Code

33137

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

Date 01/09/2006

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	HORTENSIA ABREU	13025 NW 15 AVENUE	MIAMI, FL 33167
VP	CECILIA OTERO	479 NE 30 ST # 605	MIAMI, FL 33137
T	FELIX ABREU	13025 NW 15 AVENUE	MIAMI, FL 33167

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 contained in Chapter 119, 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:

CECILIA OTERO-VICEPRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/06

3056870978

Daytime Phone #