

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000008430

1. Corporation Name

RUSSIAN CHILDREN HEALTH RELIEF FUND INC.

2. Principal Office Address

13811 N 20 TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

P.O.BOX 280388

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33613

Country

HILLSBOROUGH

Zip

33682-0388

Country

HILLSBOROUGH

4. Date Incorporated or Qualified
To Do Business in Florida 11/01/2002

5. FEI Number

11-3664217

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

BACHKHAZ SA

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

P.O. BOX 280388 14303 CAPITOL DR.

Suite, Apt. #, Etc.

City

TAMPA

State
FL

Zip Code

33682-0388

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 03 - 13 - 2004

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
DIR1	BACHKHAZ SA	P.O.BOX 280388	TAMPA, FL 33682-0388
DIR2	KONT-LAMIA	14303 CAPITOL DR	TAMPA, FL 33613
DIR3	BACHKHAZ A NAFUN	14303 CAPITOL DR	TAMPA, FL 33613

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:

S. Bachkhaz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dir 1 03 - 13 - 2004 813 748 0581

Date

Daytime Phone #

FILED

04 MAR 24 PM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

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CR2E081 (01/04)

RUSSIAN CHILDREN HEALTH RELIEF FUND

P O Box 280388 Tampa, FL33682

03 / 21 / 2004

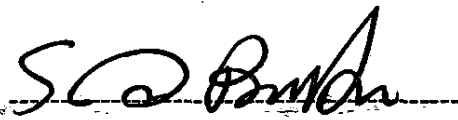
**Florida Department of State
Division of Corporations
Corporate Filings
Reinstatement Office
Attn. Mr. Sean Toner
P.O. Box 6327
Tallahassee, FL 32314**

Dear Mr. Toner,

Few others & I applied for a non-profit corporation with the State of Florida at about the end of the year 2002; however the Federal Approval took more than 8 months, upon receiving the Federal Approval, I went personally to the Florida State Business Office at Martin Luther King Blvd in Tampa, Florida, I gave them all the papers, and explained the situation, they took the papers & assured me that every thing is "OKAY"

We did not receive any notice from the State of Florida : Division of Corporation for annual report or anything else, that is why we did not file annual report for 2003, please help us reinstate and enclosed is the physical address of the agent,

Thank you for your cooperation,


SA BACHKHAZ, DIR I

Copy: Files, Home Office:

RUSSIAN CHILDREN HEALTH RELIEF FUND, SOVIET ST 217, 352700MAYCOP, ADYGHE REPUBLIC, RUSSIA