PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC 20 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/20/05--01007--013 **236.25

CR2E081 (8/05)

DOCUMENT # N03000003008

1. Corporation Name
Gift of Adoption Fund - South Florida Chapter, Inc.

2. Principal Office Address		3. Mailing Office Address	
Attention: Allison Freeland		Attention: Allison Freeland	
Suite, Apt. #, etc. 8901 Hammock Lake Court		Suite, Apt. #, etc. 8901 Hammock Lake Court	
City & State CORAL GABLES, Florida		City & State CORAL GABLES, Florida	
Zip 33156	Country USA	Zip 33156	Country USA

4. Date Incorporated or Qualified To Do Business In Florida 04/08/2003

5. FEI Number
65-1182970
☐ Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Allison Freeland

Street Address (P.O. Box Number is Not Acceptable)
8901 Hammock Lake Court

Suite, Apt. #, Etc.

City
Coral Gables

State
FL

Zip Code
33156

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 Allison Freeland Date 12/5/05

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
	Please see attached list.		

12/21

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: 12/5/05 305-668-8262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Gift of Adoption Fund-South Florida Chapter, Inc.

N03000003008

Director and Addresses

Jeanne Becker
Becker Consulting Services, Inc.
2121 Ponce de Leon Blvd., Suite 720
Coral Gables, Fl. 33134

Christina Brochin
9201 S.W. 52nd Ave.
Coral Gables, FL 33156

Michael Fay
4900 S.W. 74 Terrace
Miami, FL 33143

Dawn Fine
5300 Fairchild Way
Coral Gables, FL 33156

Ellen Flaum
1825 Forest Hill Blvd.
Suite 103
West Palm Beach, FL 33406

Allison Freeland
8901 Hammock Lake Court
Coral Gables, FL 33156

Jorge Freeland
8901 Hammock Lake Court
Coral Gables, FL 33156

Nancy Hector
5705 Granada Blvd.
Coral Gables, FL 33146
305-669-8968

Jim Pfleger
733 Catalonia Ave.
Coral Gables, FL 33134

Director and Addresses

Jennifer Quinton
457 N.E. 95th St.
Miami Shores, FL 33138

Jodi Rutstein
5701 N.W. 38th Ave.
Boca Raton, FL 33496