



# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N04000001312</b> 1. Entity Name <b>AFRICAN TREASURES AND THINGS FOR CHILDREN, INC.</b>						<div style="text-align: center;">FILED</div> <div style="text-align: center;">05 OCT -8 AM 11:02</div> <div style="text-align: center;">SECRET</div>	
Principal Place of Business <b>7724 HARDING AVENUE #1</b> <b>MIAMI BEACH, FL 33141</b>				Mailing Address <b>7724 HARDING AVENUE #1</b> <b>MIAMI BEACH, FL 33141</b>			
2. Principal Place of Business <b>7749 SW 88 ST-</b>		3. Mailing Address <b>7749 SW 88 ST</b>					
Suite, Apt. #, etc. <b>D230</b>		Suite, Apt. #, etc. <b>D230</b>					
City & State <b>MIAMI, FL 33156</b>		City & State <b>MIAMI, FL 33156</b>					
Zip <b>33156</b>		Zip <b>33156</b>					
4. FEI Number <b>14-1893904</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BROOKS, DEBORAH D</b> <b>7724 HARDING AVENUE #1</b> <b>MIAMI BEACH, FL 33141</b>				7. Name and Address of New Registered Agent Name <b>DEBORAH D. BROOKS</b> Street Address (P.O. Box Number is Not Acceptable) <b>7749 SW 88 ST-D230</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33156</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u><i>Deborah D. Brooks</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>9/30/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2006, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARPENTER, WENDELL 7724 HARDING AVENUE #1 MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOBRIN TITZOV 7749 SW 88 ST - D230 MIAMI, FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENALVER, NELSON 7724 HARDING AVENUE #1 MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAUL MICKEY 7749 SW 88ST - D230 MIAMI, FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELTON, MILTON 7724 HARDING AVENUE #1 MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECKER BROOKS 7749 SW 88 ST - D 230 MIAMI, FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADEKIYA, CAROLINE 7724 HARDING AVENUE #1 MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASSANDRA REUBEN 7749 SW 88 ST - D230 MIAMI, FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROOT, SUSAN 7724 HARDING AVENUE #1 MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <b>100060313881</b>  <b>10/06/05--01068--012 **70.00</b> </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARVER, D. DR. 7724 HARDING AVENUE #1 MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <b>REINSTATEMENT</b> </div>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>Deborah D. Brooks - Exec Dir.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>9/30/05</u>		DAYTIME PHONE # <u>786-222-3662</u>	