


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000011861 1. Entity Name REACH FOR THE CHILDREN INTERNATIONAL FOUNDATION, INC.						FILED 06 SEP 26 PM 4:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7500 RED ROAD SOUTH MIAMI, FL 33143				Mailing Address 7500 RED ROAD SOUTH MIAMI, FL 33143			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent FERNANDES, MARILDA 7500 RED ROAD SOUTH MIAMI, FL 33143				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50 </div> <div style="width: 40%; text-align: center;"> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. </div> <div style="width: 30%; text-align: right;"> Make check payable to Florida Department of State </div> </div>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDES, MARILDA 390 CASUARINA CONCOURSE CORAL GABLES, FL 33143 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 800090148648 09/25/06--01053--010 **61.25 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DE AVELLAR LEMOS, MONICA 1341 LUGO AVENUE CORAL GABLES, FL 33156 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDES, CRISTINA 408 AURELIA AVENUE CORAL GABLES, FL 33146 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Marilda Fernandes</u> 9/19/06 (305) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							