
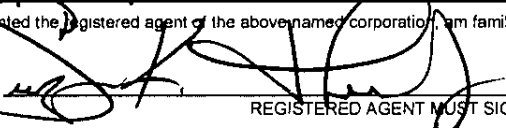
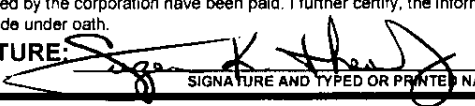


FILING CANCELLED
RETURNED CHECK

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
|---|-----------------------------------|---|--------------------------|
| DOCUMENT # N06000001361 | | FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 10 OCT -4 AM 9:59 | |
| 1. Corporation Name Aimable Theodore Foundation, Inc. | | KS | |
| 2. Principal Office Address - No P.O. Box # 11120 N.E. 11th PLACE 11120 NE 11th Pl | | 000186256730 10/04/10--01057--004 **358.75 CR2E081 (6/10) | |
| Suite, Apt #, etc. Duplex North | | 3. Mailing Office Address Duplex North | |
| City & State BISCAYNE PARK, FL | | City & State BISCAYNE PK, FL | |
| Zip 33161 | Country USA | Zip 33161 | Country USA |
| 4. Date Incorporated or Qualified To Do Business in Florida 2-6-2006 | | 5. FEI Number 01-0860407 | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 7. Name and Address of Current Registered Agent Name SUZANE K. THEODORE Street Address (P.O. Box Number is Not Acceptable) 11120 NE 11th PLACE Suite, Apt. #, Etc. Duplex North City BISCAYNE PARK | | REINSTATEMENT 08-10 | |
| State FL | | Zip Code 33161 | |
| 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 7-10-10 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/D/ | SUZANE K. THEODORE | 11120 NE 11th PLACE BISCAYNE PK, FL 33161 | |
| D/T | Nikia P. Williams | | |
| D/V | Claude Antoine Charles | Delmas 33, Rue Des Pins 5 Charles Belair #21 | Port-Au-Prince, Haiti |
| M | Britteny A. Tate | 94-49 214th PLACE | Queens Village, NY 11428 |
| S | Berthony Theodore | 8N Bellwood Drive | Newark, DE 19702 |
| 10. E-mail Address: emmaslove4haiti@yahoo.com (To be used for future annual report notification) | | | |
| 11. 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. I further certify, 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:  | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SUZANE K. THEODORE | |
| Date 7-10-10 | | Daytime Phone # 786 419-3399 | |