

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN 12 PM 3:50

DOCUMENT # N06000010286

1. Corporation Name

OUR SUPPORT FOR CHILDREN IN NEED, INC.

2. Principal Office Address - No P.O. Box #

229 SE 2nd AVENUE

Suite, Apt. #, etc.

#5

City & State

DELRAY BEACH

Zip

33444

Country

US

3. Mailing Office Address

229 SE 2nd AVENUE

Suite, Apt. #, etc.

#5

City & State

DELRAY BEACH

Zip

33444

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida 10/02/2006

5. FEI Number

753238083

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

DORCAS D. LUCIEN

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

229 SE 2nd AVENUE

Suite, Apt. #, Etc.

SUITE 5

City

DELRAY BEACH

State

FL

Zip Code

33444

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 01-05-10

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
PRS	Dorcas D. Lucien	229 SE 2nd Avenue #5	Delray Beach FL 33444
vp	Caleb Dumas	6012 Strawberry Lake Cir	Lake Worth, FL 33463
sec	Marie K. Seide	112 SE 23rd Ave.	Boynton Beach, FL 33435
Tres	Camille Dumas	546 Capri L	Delray Bch, FL 33444

10. E-mail Address: PLANABIZ@AOL.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:

Pres/Reg.Agt

01-05-10

5612650243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #