

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JUL 13 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N21358**

1. Corporation Name  
**Community Alliance Against AIDS**

2. Principal Office Address  
**720 NE 69 ST**

Suite, Apt. #, etc.  
**15 W**

City & State  
**MIAMI, FLA**

Zip Country  
**33138 USA**

3. Mailing Office Address  
**720 NE 69 ST.**

Suite, Apt. #, etc.  
**15 W**

City & State  
**MIAMI, FLA 3**

Zip Country  
**33138 USA**

**REINSTATEMENT** **02-06**  
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida  
**7/08/1987**

5. FEL Number  
**592831212**

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

7. Name and Address of Current Registered Agent

Name **Jane Fincher**  
Street Address (P.O. Box Number is Not Acceptable)  
**720 NE 69 ST.**  
Suite, Apt. #, Etc.  
**15W**  
City  
**MIAMI**

State Zip Code  
**FL 33138**

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 *[Signature]* Date **7/12/06**

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
I, D	Jane Fincher	720 NE 69 ST. #15W	MIAMI, FLA 33138
P, D	Judi Malez	3511 Bayshore Villas Dr.	MIAMI, FLA 33133
V, D	Mario Leon	720 NE 69 ST.	MIAMI, FLA 33138
	<i>[Signature]</i>		200077718742 07/19/06--01023--003 **490.00

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 contained in Chapter 119, 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: *[Signature]* **JANE FINCHER** **7/12/06** **305-860-2683**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #