

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N94000000453

1. Corporation Name

Mainstreaming Plus, Inc.

2. Principal Office Address

2450 NW 76 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33174

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

JANUARY 28, 1994

5. FEI Number

65-0465829

SP'd 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

Dick Lee, Esq.

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

2701 S Bayshore Drive,

Suite, Apt. #, etc.

Suite 605

City

Coconut Grove

State

FL

Zip Code

33133

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

Dick Lee, Esq.
REGISTERED AGENT MUST SIGN

Date

07/26/01

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
PD.	Brewster, Annabel	17251-SW 12 Street	Pembroke Pines, FL 33029
S	Aghina, Henry	9625 NW 148 Place	Miami, FL 33196
CD	Nwadike, Emmanuel	12938 SW 133 Court	Miami, FL 33186
D	Gibson, Shirley	251 NW 196 Street	Miami, FL 33169
D	Yap, George	2450 NW 76 Street	Miami, FL 33147
ED	Tang, Venghan	8401 SW 107 Avenue	Miami, FL 33173

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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Venghan Tang

Date

07/18/01

305.297.5461

Daytime Phone #

CR2E081 (9/00)