

APPLICATION
FOR
REINSTATEMENT



DOCUMENT # N95000002542

Corporation Name: MIAMI CHILDREN'S CONTINUOUS PROTECTION

13250 NW 28 Ave.
OPA-Loxica FL 33054

SAME AS
PRINCIPAL PLACE
OF BUSINESS

Country

海

33054

Country

USA

MAY 1995

65-0583215

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	CHARLES OGUGUA	6155 NW 186 ST. #208	MIAMI FL 33054
D	MOSES LEONARDO	429 SW 136 PLACE	MIAMI FL 33184
D	MAUREEN DUFFY	11300 NE 2ND AVE	MIAMI SHORES FL 33161
D	ROSARIO GARRIDO	2240 NE 123rd Street	MIAMI FL 33181
D	MIKE MCDEAMID	13300 MEMORIAL HIGHWAY	MIAMI FL 33169
D	PATRICIA DONAWA	2900 NW 183rd Street	MIAMI FL 33169
D	CYRIACUS AJAELU	13250 NW 28 AVE	DPA-LOCKA FL 33054
D	EILEEN WEBER	9374 SW 212 TERR	MIAMI FL 33189
D	GREGORY NJOTCU	13400 NW 28 AVE	DPA-LOCKA FL 33054

CHARLES OGUGUA
13250 NW 28 AVE
DPA-LOCKA FL 33054

REINSTATEMENT

Street Address (P.O. Box Number) _____ U.S. Zip Code _____

00664799--
10/02/98--01094--014
***236.25 ***236.25

State	Zip Code
FL	

REGISTERED AGENT MUST SIGN

Date 8/24/10

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

Date _____

Daytime Phone #