	PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
	APPLICATION	FLORIDA DEPARTMENT OF STATE		,
	FOR	Sandra B. Mortham		
	REINSTATEMENT	Secretary of Solvision of Control		FILED
	DOCUMENT # N9500000 5458			
	1. Corporation Name BReakfast for the Children Charities IN.		99 JAN 19 PM 12: 55	
			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
	Principal Place of Business Mailing Address			
	1998 E. Country Club Blud. SAME			
	Break atom 41 33487			0000
	If above addresses are incorrect in any way, line through incorrect information and enter correction below.			REINSTATEMENT 9819
	New Principal Office Address, if Applicable			4. Date Incorporated or Qualified To Do Business in Florida
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number Applied For
	City & State	City & State		Not Applicable
	Zip Country	Zip Count	ry	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
	7. Names and Street Addresses of Each Officer and/o			
	Title(s) Name of Officers and/or Directors			City / State / Zip
1	Chairperon Degan Banda - Palazida 1798 E. Country 6			dubBlut Base Total 1/2 22100
livs	offus, DeBRA Bender-Balaziah (1) BOCH RAHON, 7/ 33487 Boca Caton, Ha. 3348			
Direc	Viceles DAle BALAZICH (D) 7998 E. Country			Club Blid Baa Laton, Fla 33489
•	Diricor Allo Rodriquez (D) 1998 E. Country (C)			ub Blud Boca Raton, Ha 33487
				1000027507317
				-01/21/93014773N4 244224E 00/ 444424E 00
	;			10000275077
	, i			******61.25 *****61.25
	8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent
	Breakfast for the Chi	ldren Charities	1 /Ner	SA LY (Pleferred Hallheare Staffer)
	10 Debra Binder	balazion	100 W Suite, Apt. #, Etc.	Cuprus Cruck Road
	1998 F. Country Cla	G-10000.	150	
	Bota Karon, Should	W 33707 .	Fort L	ududale State Zio Code 33309
	10. I, being appointed the registered agent of the above	/e named corporation, am familiar w	ith and accept the of	oligations of Section 607.0505, F.S.
	Registered Agent A / Land Land	GISTERED AGENT MUST SIGN		Date // / / / / / / / / / / / / / / / / /
	1. This corporation owes or has paid the current year			(See other side for information
Intangible Personal Property tax due June 30. Yes No L				No 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 filling 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 Date				17-10-98 954-497-872
İ	TO ROA ROAM	// . /		Daywing Filoho #