1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 DEC 22 AM 10: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 95000005804

1. Corporation Name
National Volunteer Week Committee of Dade County Inc

2. Principal Office Address	3. Mailing Office Address
c/o Regions 3700 W 12 Ave	c/o Regions 3700 W. 12 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah Fl	City & State: Hialeah Fl 33012
Zip: 33012 Country: U.S.	Zip: 33012 Country: U.S.

REINSTATEMENT
CR2E081 (12/05) 05-06

4. Date Incorporated or Qualified To Do Business in Florida: 12/8/95

5. FEI Number: 311500791 ☐ 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: Julie Palm

Street Address (P.O. Box Number is Not Acceptable): 1220 NE 153 St

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33162

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: Julie Palm Date: 12/12/06
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
D- Pres	Sharon Krutulis, D	11347 SW 160 St Miami, Fl 33157	Miami Fl 33157
D- VP	Julie Palm, D	1220 NE 153 St	Miami Fl 33162
D- Sec	Barbara Rodriguez, D	3663 S Miami Ave	Miami Fl 33133
D- Treas	Maria Salcedo, D	3700 W 12 Ave	Hialeah Fl 33012
		800092739756 12/22/06--01026--006 **122.50	

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: Sharon S Krutulis Pres. 12/12/06 (305)2534841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell DEC 22 2006

NATIONAL VOLUNTEER WEEK COMMITTEE

OF DADE COUNTY, INC.

December 12th, 2006.

Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

On behalf of the National Volunteer Week Committee of Miami-Dade County, Inc., I am requesting a waiver of the reinstatement fee since our officers never received said notice.

If you need any further information, please do not hesitate to contact me at (305) 824-9644.

Thank you in advance for your prompt attention to this matter.

Sincerely,

Maria Salcedo
Treasurer
National Volunteer Week Committee of Miami-Dade County, Inc.
3700 West 12th Avenue
Hialeah, FL 33012