

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001452

1. Corporation Name

Reach the Children Relief and Development, Inc.

2. Principal Office Address - No P.O. Box #

1050 Hillsboro Mile

Suite, Apt. #, etc.

808

City & State

Hillsboro Beach, Florida

Zip

33062

Country

USA

3. Mailing Office Address

1132 Shane Court

Suite, Apt. #, etc.

City & State

Venice, Florida

Zip

34293

Country

USA

7. Name and Address of Current Registered Agent

Name

David S. Hoskins

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

1050 Hillsboro Mile

Suite, Apt. #, Etc.

808

City

Hillsboro Beach

State

FL

Zip Code

33062

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

Date **March 10, 2008**

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
P/D	David S. Hoskins	1050 Hillsboro Mile #808	Hillsboro Beach, FL 33062
D	Tanya A. Hoskins	1050 Hillsboro Mile #808	Hillsboro Beach, FL 33062
V/D	Ivan Manrique	600 SW 3rd Street	Pompano Beach, FL 33060
S/T/D	Kimberly D. Nachtwey	1132 Shane Court	Venice, FL 34293

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/08

Date

954-536-9539

Daytime Phone #

FILED

08 MAR 13 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700120296857
03/13/08--01021--010 **420.00

REINSTATEMENT 05-08
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
650728592

☒ Applied For
☐ Not Applicable

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

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.