

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenn E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000001950

1. Corporation Name

CAIRN CURRAN CHILDREN'S FUND, INC.

Principal Place of Business

Mailing Address

10840 S.W. 166TH TERACE  
MIAMI FL 33157

10840 S.W. 166TH TERACE  
MIAMI FL 33157

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

04/05/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0667785

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	YOUNG, ARHTUR	10840 SW 166TH TERRACE	MIAMI FL
VP	PROUT, BASIL	1006 N 30TH AVE	HOLLYWOOD FL
T	YOUNG, JOYCE	10840 SW 166TH TERRACE	MIAMI FL
T	COOKE, RUPERT	10730 SW 166TH TERRACE	MIAMI FL
T	WILLIAMS, RUDYARD	11408 SW 148 ST	MIAMI FL
S	SMITH, LINDA	11114 SW 157 TERR.	MIAMI FL 33157

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

YOUNG, ARTHUR  
10840 S.W. 166TH TERR  
MIAMI FL 33157

Name

Street Address (P.O. Box Number)  
600024344096  
10/31/03--01109--012 \*\*\$1.25

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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 #

FILED

03 NOV 26 AM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

03

CR2E040 (7/03)