

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP 29 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000002031

1. Corporation Name  
THE Center for Positive Connections, Inc.

2. Principal Office Address  
12570 N.E. 7<sup>TH</sup> AVE

3. Mailing Office Address  
SAME

Suite, Apt. #, etc.  
# 104

Suite, Apt. #, etc.

City & State  
North Miami, FL

City & State

Zip Country  
33161 VS

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida  
4/11/96

5. FEI Number  
650649709

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  
Sheri Kaplan

Street Address (P.O. Box Number is Not Acceptable)  
12570 N.E. 7<sup>TH</sup> AVE.

Suite, Apt. #, Etc.  
# 104

City  
North Miami

State Zip Code  
FL 33161

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  
Sheri Kaplan  
REGISTERED AGENT MUST SIGN

Date  
9/26/03

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	<u>DR. JOSE A. PELAYO</u>	<u>6767 COLLINS AVE</u>	<u>MIAMI BEACH, FL 33141</u>
VP	<u>ARNETTA E. PHILLIPS</u>	<u>1201 NW 16<sup>TH</sup> ST. #0610C</u>	<u>MIAMI, FL 33125</u>
T	<u>LAWRENCE T. HARRIS</u>	<u>160 CYPRESS CLUB DR. #09</u>	<u>POMPANO BEACH, FL 33060</u>
D	<u>LUIGI FERREK</u>	<u>6700 SW 52<sup>ND</sup> ST.</u>	<u>MIAMI, FL 33155</u>
D	<u>LIZ OPPENHEIM</u>	<u>1699 SW 27<sup>TH</sup> AVE</u>	<u>MIAMI, FL 33145</u>
D	<u>DAVID P. NEWMAN</u>	<u>2470 TRAPP AVE</u>	<u>MIAMI, FL 33133</u>

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 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: Dr. Jose Pelayo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/26/03 Daytime Phone # 305-970-0499

CR2E081 (10/02)

71 7/30

 THE CENTER FOR  
P O S I T I V E  
C O N N E C T I O N S  
HIV-SUPPORT - RESOURCE & HEALING CENTER

September 26, 2003

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed you will find a check for seventy dollars (\$70.00) to cover the cost of Non-Profit Corporation Reinstatement. Please waive all additional reinstatement fees, since we never received notification from the DEPARTMENT OF STATE.

Please send the certificate of status to the following address:

The Center for Positive Connections, Inc.  
12570 N.E. 7th Avenue  
Suite 104  
North Miami, FL 33161

Your immediate attention of this request will be appreciated.

Sincerely,

  
Robert Diaz  
Finance Director

Enclosure

12570 N.E. 7th Avenue, Suite 104, North Miami, FL 33161

Phone 305-891-2066 • Fax 305-891-5053 • Toll Free 1-888-pos-conn(767-2666)

E-mail: [pozconnect@aol.com](mailto:pozconnect@aol.com)

[www.positiveconnections.org](http://www.positiveconnections.org)