

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR 17 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N 96 00000 4967**

**1. Corporation Name**

**AMERICAN WORLDWIDE CHILDREN'S  
HEART FOUNDATION INC**

**2. Principal Office Address**

**19495 BISCAYNE BOULEVARD**

Suite, Apt. #, etc.

**411**

City & State

**AVENTURA, FL**

Zip

**33180**

Country

**U.S.A.**

**3. Mailing Office Address**

**SAME**

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**9/25/96**

**5. FEI Number**

**65 0712060**

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

**ROGELIO ALFONSO MALEK**

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

**19495 BISCAYNE BOULEVARD**

Suite, Apt. #, Etc.

**SUITE 411**

City

**AVENTURA**

State

**FL**

Zip Code

**33180**

**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

REGISTERED AGENT MUST SIGN

Date

**2/12/03**

**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
PRES.	ROGELIO A. MALEK (D)	19495 BISCAYNE BLVD. SUITE 411	AVENTURA, FL 33180
DIRECTOR	ZACA SYED (D)	201 S.E. 6 <sup>th</sup> AVE APT # 9	POMPANO BEACH FL 33060
SECRETARY	CYNTHIA RHONES (D)	15800 BOLL RUN ROAD APT. 461F	MIAMI LAKES FL 33014
DIRECTOR	FRANK RHONES (D)	15800 BOLL RUN ROAD APT 461F	MIAMI LAKES FL 33014

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROGELIO ALFONSO MALEK**

Date

**2/12/03**

Daytime Phone #

**305 937-2221**

CR2E081 (10/02)

2/11/03