

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 OCT 26 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000001546**

1. Corporation Name

AMERICAN FRIENDS OF LITTLE CHILDREN, INC.

Principal Place of Business

Mailing Address

C/O MIGUEL VIYELLA
5942 SW 135 TERRACE
MIAMI FL 33156

C/O MIGUEL VIYELLA
5942 SW 135 TERRACE
MIAMI FL 33156

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

11100 SW 60 Avenue

C/O Miguel Viyella

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pinecrest Florida

Pinecrest Florida

Zip **33156**

Country

USA

Zip **33156**

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/1997

5. FEI Number

65-0777491

Applied For

Not Applicable

6. 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	VIYELLA, MIGUEL	200 S. BISCAYNE BLVD. SUITE 3200	MIAMI FL 33131
V	PORTSCHIE, LIAI	ONE BISCAYNE TOWER	MIAMI FL 33131
T	CONCEPCIOR, CARLOS	1015 PONCE DE LEON BLVD # 11	MIAMI FL 33145
S	VIYELLA, SONNIA	200 S. BISCAYNE BLVD. SUITE 3200	MIAMI FL 33131
D	WEISS, BRIAN	8801 SW 102ND ST.	MIAMI FL 33176
D	GREEN, BARTH	620 SABAL PALM ROAD	MIAMI FL 33137

8. Name and Address of Current Registered Agent

VIYELLA, MIGUEL
5942 SW 135 TERRACE
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name **Viyella Miguel**
Street Address (P.O. Box Number's Not Acceptable)
200 South Biscayne Blvd
Suite, Apt. #, Etc. **Suite 3200**
City **Miami** State **FL** Zip Code **33131**

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **October 20, 2000**

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 647, 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 647.0401, 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 20, 2000 (305) 372-5811
Date Daytime Phone #