

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -7 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **N97000001546**

1. Corporation Name

**AMERICAN FRIENDS OF LITTLE CHILDREN, INC.**

**700008865347**  
11/07/02--01046--004 \*\*236.25



**REINSTATEMENT 02**

Principal Place of Business

11100 S.W. 60 AVE.  
PINECREST FL 33156

Mailing Address

C/O MIGUEL VIYELLA  
11100 S.W. 60 AVE.  
PINECREST 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

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  
200 S. BISCAYNE BLVD., STE. 3200  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

**November 3, 2002**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**November 3, 2002 (305) 372 5811**

Date

Daytime Phone #

CR2E040 (8/02)