PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 DEC 10 PM 12:46

DOCUMENT # N98000002113

1. Corporation Name
GOV SAN TREAT THE KIDS INC.

Principal Place of Business
100 NE 211th STREET
MIAMI, FLORIDA 33179

Mailing Address
SAME

REINSTATEMENT 99

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

DO NOT WRITE IN THIS SPACE

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: APRIL 13, 1998

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	ANTHONY SHEPHERD	100 NE 211th STREET	MIAMI, FL 33179
D	DWIGHT FRANCIS	100 NE 211th STREET	MIAMI, FL 33179
D	SOPHIA LAZARUS	100 ne 211th STREET	MIAMI, FL 33179
D	MALACHI SMITH	100 NE 211th STREET	MIAMI, FL 33179
D	DAVID BAILEY	100 NE 211th STREET	MIAMI, FL 33179
D	TAMARA WADSWORTH	100 NE 211th STREET	MIAMI, FL 33179

8. Name and Address of Current Registered Agent
ANTHONY SHEPHERD
100 NE 211th STREET
MIAMI, FLORIDA 33179

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.

Signature of Registered Agent _____ Date 12/09/99
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [X] (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [ ] (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information submitted is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: ANTHONY SHEPHERD 12/09/99 305-968-2039

AD

12-10-1999 12:39 P.03