E READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATE REINSTATEMENT

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

FILED
03 JAN 15 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/06/03--01088--002 **612.50

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DOCUMENT # N98000002876

1. Corporation Name
ONE WORLD ONE CHILD FOUNDATION, INC.

WOL - 29932

2. Principal Office Address	3. Mailing Office Address
47-30 NW 102nd. Ave.	
Suite, Apt. #, etc.: 207	Suite, Apt. #, etc.
City & State: MIAMI, FL.	City & State
Zip: 33178 Country: U.S.A.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/18/1998

5. FEI Number: 33-1025818 ☐ 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: LUIS R. POLO

Street Address (P.O. Box Number is Not Acceptable): 4780 NW 102nd Ave.

01/06/03--01088--002 **61.25

Suite, Apt. #, Etc.: Suite 207

City: MIAMI. State: FL Zip Code: 33178

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 _____ Date 01-02-03

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
D	MANUEL CEVALLOS	4653 NW. 94 PL.	MIAMI, FL. 33178
D	DEA CEVALLOS	4653 NW. 94 PL.	MIAMI, FL. 33178
D	MANUEL CEVALLOS JR.	4653 NW 94 PL.	MIAMI, FL. 33178

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: _____ 10/11/02 (305)594-1979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gs 1/16