


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N98000004462**
1. Corporation Name **American International Relief, Inc.**

2. Principal Office Address - No P.O. Box # 14815 NW 11th Ave		3. Mailing Office Address 14815 NW 11th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami Fl,		City & State Miami Fl,	
Zip 33168	Country Dade	Zip 33168	Country

REINSTATEMENT *De-07*
900112227689
11/13/07--01007--013 **131.25
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida **8/4/1998**

5. FEI Number **65-0854355** ☐ 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
Camille Merilus

Street Address (P.O. Box Number is Not Acceptable)
14815 NW 11th Ave

Suite, Apt. #, Etc.

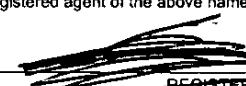
City
Miami Fl,

State
FL

Zip Code
33168

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **11-01-07**

REGISTERED AGENT MUST SIGN

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
VC	Huggins Venerin	1920 NW 152nd Terrace	Miami Fl 33054
Ch	Camille Merilus	14815 NW 11th Ave	Miami Fl, 33168
VT	Gerenis Madeline	150 NE 192 Street	Miami Fl, 33179
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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 contained in Chapter 119, 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 Date Daytime Phone #

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**AMERICAN
INTERNATIONAL
RELIEF**

A Lifeline To Young People In Need

Friday, October 26, 2007

State of Florida Department of State
Division of Corporation

This is to certify that American International Relief never received a notice from the division of incorporation concerning the dissolution of our corporation on the following address: 297 Deer Creek Blvd # 1308 Deerfield Beach, Fl 33442.

Please, also note that in the meantime some changes had been made in the organization structure.

Sincerely,


Camille Merilus