
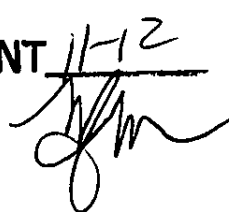


FILING CANCELLED RETURNED CHECK

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<p>12 MAY -4 AM 9:22</p> <p>300234678803 05/04/12--01035--003 **297.50</p> <p>CR2E081 (11/10)</p>	
DOCUMENT # N98000004402					
1. Corporation Name American International Relief Fund					
2. Principal Office Address - No P.O. Box # 14815 NW 11th Ave Suite, Apt. #, etc.			3. Mailing Office Address 14815 NW 11th Ave Suite, Apt. #, etc.		
City & State Miami FL			City & State Miami FL		
Zip 33168	Country USA	Zip 33168	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 05/04/12	
5. FEI Number 650854355				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 State: FL Zip Code: 33168					
REINSTATEMENT 11-12 					
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: 05-03-12 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		
Ch	Merilus Camille	14815 NW 11th Ave	Miami FL, 33168		
TR	Pierre Marie J.	12795 NW 15th Ave	Miami FL, 33161		
VC	HUGGINS Venerin	1920 NW 152th Ave	Miami FL, 33054		
VT	Jean Pierre, Elsie	14225 NE 9th Ave	Miami FL, 33161		
S	Merilus Sabrina	1451 NE 169 St	Miami FL, 33162		
10. E-mail Address: _____ (To be used for future annual report notification)					
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S. SIGNATURE: Camille Merilus Date: 5-3-12 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					