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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004514

1. Corporation Name

INTERNATIONAL AID FOR UNDERPRIVILEGED CHILDREN, INC.

Principal Place of Business	Mailing Address
19200 SW 127 AVENUE MIAMI FL	19200 SW 127 AVENUE MIAMI FL

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

REINSTATEMENT 99

SP

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/05/1998

5. FEI Number: 65-0858306 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐

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
D	LOPEZ, JORGE A	19200 SW 127 AVENUE	MIAMI FL
D	SIERRA, DAISY	19882 SW 119 COURT	MIAMI FL 33157
D	BENTANCOURT, OLGA	19882 SW 119 COURT	MIAMI FL 33157
D	Keith Maccariello	407 Lincoln Rd #5B	Miami FL 33139

8. Name and Address of Current Registered Agent

DE LA TORRIENTE, COSME ESQ
155 SW 25TH ROAD
MIAMI FL 33129

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: [signature] REGISTERED AGENT MUST SIGN — Date: 11-20-1999

11. I certify that I am an officer or director of 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 — 11-20-1999 (305) 538-9252

SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDENT, VICE PRESIDENT OR DIRECTOR — Date — Daytime Phone #

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(2)

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

INTERNATIONAL AID FOR UNDERPRIVILEGED CHILDREN, INC.

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