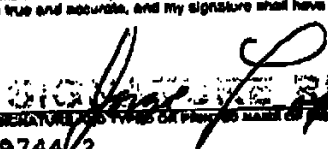


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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.			
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)			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	LOPEZ, JORGE A	19200 SW 127 AVENUE	MIAMI FL
D	SIERRA, DAISY	18882 SW 115 COURT	MIAMI FL 33157
D	BENTANCOURT, OLGA	18882 SW 115 COURT	MIAMI FL 33157
D	Keith Maccarielli	407 Lincoln Rd #5B	MIAMI FL 33139
8. Name and Address of Current Registered Agent			
DE LA TORRENTE, COSME ESO 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	Zip Code
FL			
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 11-20-1999	
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., 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:  11-20-1999 (305) 538-9282			
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99 NOV 22 PM 3:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 99

SP

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**Florida Department of State
Division of Corporations
Public Access System
Katharine 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.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$245.00