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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

FILED

00 JUN 14 AM 8:16

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Corporation: DOCUMENT # N98000005580

SECOND CHANCE FOR HAITI'S CHILDREN, INC.
658 NW 100th Street
Suite #112
Miami, FL 33150

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

REINSTATEMENT

3. If Principle Office Address is different from mailing address, enter address below:

Address

13280 SW 50 STREET

City and State

MIRAMAR, FL

Zip Code

33027

4. Date Incorporated or Qualified To Do Business in Florida
09/28/1998

5. FEI Number

65-0985733

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status

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 Titles	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City - State / Zip
PRES.	A. THERESA WREN (D)	13280 SW 50 STREET	MIRAMAR, FL 33027
V-PRES	CAROLE FRANCOIS (D)	7140 EMBASSY BLVD.	MIRAMAR, FL 33023
DIR.	GAZETTE BURKE (D)	658 NW 100 STREET	MIAMI, FL 33150
TREA.	MARGIE MILLER (T)	13280 SW 50 STREET	MIRAMAR, FL 33027
SEC.	ALVARIA MILLER	17131 NW 9 PLACE	NO. MIAMI, FL 33169
			900003330055-2 -07/20/00--01077--013 ****306.25 ****306.25

REGISTERED AGENT INFORMATION

9. If changed, new registered agent / office

Name

A. THERESA WREN

Street Address (Do NOT Use P.O. Box Number)

13280 SW 50 STREET

Street Address (Do NOT Use P.O. Box Number)

City

MIRAMAR

State

FL.

Zip

33027

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

A. Theresa Wren

REGISTERED AGENT MUST SIGN

Date 6-12-00

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

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13. 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. 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 of Officer or Director

Carole Francois

Date

6-12-00

Daytime Phone #

786 374-7424