

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 FEB 22 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000003533

1. Corporation Name

CHILDRENFIRST OF MIAMI, INC.

Principal Place of Business

315 CADIMA AVENUE  
CORAL GABLES FL 33134

Mailing Address

315 CADIMA AVENUE  
CORAL GABLES FL 33134

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/08/1999

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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
Exec. Dir.	Bill Lynch	315 CADIMA AVE CORAL GABLES FL 33134	CORAL GABLES FL 33134
Dir.	Julissa Reynolds	315 CADIMA AVE CORAL GABLES FL 33134	CORAL GABLES FL 33134
Dir.	Ari TAMARI	8515 NW 30th Lane #5	MIAMI FL 33126

8. Name and Address of Current Registered Agent

TAMARI, ARI D  
315 CADIMA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Bill Lynch

Street Address (P.O. Box Number is Not Acceptable)

315 CADIMA AVE

Suite, Apt. #, Etc.

CORAL

City

CORAL GABLES

State

FL

Zip Code

33134

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 1-9-06

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Lynch

1-9-06

Date

305-648-1246

Daytime Phone #

CR2E040 (8/00)