PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN -2 PM 1:43

DOCUMENT # PD1000060669

1. Corporation Name
American Infantile Association, Inc

100010163501
01/16/03--01064--014 **180.00

100010163501
01/16/03--01064--013 **158.75

2. Principal Office Address	3. Mailing Office Address
20031 NW 3rd. Place	20031 NW 3rd. Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
North Miami Beach, FL	North Miami Beach, FL
Zip: 33169 Country: U.S.A.	Zip: 33169 Country: U.S.A

4. Date Incorporated or Qualified To Do Business In Florida: June 18, 2001

5. FEI Number: X Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Eleanora Pierre

Street Address (P.O. Box Number is Not Acceptable): 20031 NW 3rd. Place

Suite, Apt. #, Etc.:

City: North Miami Beach | State: FL | Zip Code: 33169

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: X Eleanora Pierre
REGISTERED AGENT MUST SIGN

Date: 12/4/02

CR2E581 (9/01)

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
D	Eleanora Pierre	20031 NW 3rd. Place	N. Miami Beach, FL 3316
D	Jacques Mercedes	20031 NW 3rd. Place	N. Miami Beach, FL 3316

10. 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: X Eleanora Pierre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 12/04/02

Daytime Phone #: 305-443-0791

02-168

WAIVER

The undersigned, **ELEANORA PIERRE**, the President, and the Resident Agent, located at 20031 NW 3rd Place, North Miami Beach, Florida 33169, and incorporated within the State of Florida, under the name **American Infantile Association, Inc.**, reference number PD1000060669, does hereby state, that she has never received the application for the corporation, beginning in the year 2002, therefore did not file same.

Dated this 27 day of December, 2002.

WITNESS SIGNATURE

Ronald G. Lowy
PRINTED NAME

WITNESS SIGNATURE

Alexandra Price
PRINTED NAME

Pierre, Pres.
ELEANORA PIERRE, President
American Infantile Association, Inc.

Pierre, Pres.
ELEANORA PIERRE, Resident Agent
American Infantile Association