

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

02 NOV 12 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000112914**

1. Corporation Name

The Children's Ark

2. Principal Office Address

4840 NE 6th Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 9396

Suite, Apt. #, etc.

City & State

Oakland Park, FL.

City & State

Fort Lauderdale, FL.

Zip

33334

Country

U.S.A.

Zip

33310

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

Nov. 26, 2001

5. FEI Number

80-002 1076

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

Lorraine Stewart

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

4840 NE 6th Ave.

Suite, Apt. #, Etc.

City

Oakland Park

State
FL

Zip Code

33334

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

Lorraine Stewart

REGISTERED AGENT MUST SIGN

Date

11/5/02

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	Stewart, Lorraine	4840 NE 6 th Ave.	Oakland Park, FL. 33334
D	Green, Paulet	1340 Avon Lane #111	North Lauderdale, FL 33068

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paulet Green

Date

11-5-02

Daytime Phone #

954-629-4937

CR2E081 (9/01)

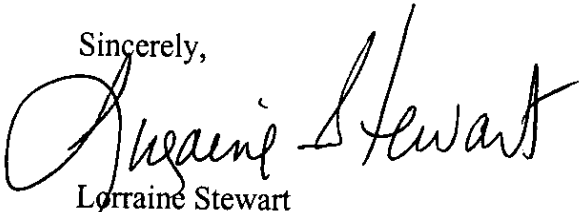
The Children's Ark
P.O. Box 9396
Ft. Lauderdale, FL. 33310

Nov. 5, 2002

To whom it may concern:

We are hereby submitting the necessary form and fee for reinstatement of The Children's Ark corporate status. The annual report was not filed because filing notices were not received. Please note our mailing address at P.O. Box 9396, Ft. Lauderdale, FL. 33310. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Lorraine Stewart". The signature is written in dark ink and is positioned above the printed name and title.

Lorraine Stewart
Director