

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 22 AM 8:00

DOCUMENT #

P 19921

1. Corporation Name

Our Little Brothers & Sisters, Inc.

500022487505
08/22/03--01007--005 **1093.75

2. Principal Office Address

1210 Hillside Terrace

3. Mailing Office Address

14536 N.E. 2nd. Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Alexandria, Va.

City & State

Miami, Florida

Zip

22302 U.S.A.

Zip

33161

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5 July 1988

5. FEI Number

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

Michael G. Joyce, Esq.

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

1390 South Dixie Highway

Suite, Apt. #, Etc.

Suite 1108

City

Coral Gables

State

FL

Zip Code

33146

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

[Signature]

Date

5 Aug 2003

REGISTERED AGENT MUST SIGN

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
PD	Krafft, Frank J.	1210 Hillside Terrace	Alexandria, Va.
UD	Wasson, Jr. William B.	1210 Hillside Terrace	Alexandria, Va.
SD	Macoby, Dr. Michael	1210 Hillside Terrace	Alexandria, Va.

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]

FRANK J. KRAFFT

Date

8-12-03

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2003 (10/02)