PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 DEC -9 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P39252

1. Corporation Name

SOS CHILDREN'S VILLAGES-USA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1010 PENDLETON STREET<br>ALEXANDRIA VA 22314 | 1010 PENDLETON STREET<br>ALEXANDRIA VA 22314 |

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

7/9/99 90017 013 $61.25

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. Date Incorporated or Qualified To Do Business In Florida: 06/02/1992

5. FEI Number: 13-6188433 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---|---|---|---|
| ~~ED~~ | ~~GAUER, PATRICE M MS~~ | ~~1010 PENDLETON ST~~ | ~~ALEXANDRIA VA 22314~~ |
| ~~DIR~~ | ~~STUMBAUGH, DENNIS M~~ | ~~[redacted]~~ | ~~[redacted]~~ |
| Sec | MARY JO SHAPIRO | 1100 New York Ave | WASH, DC 20005 |
| VP Res | LEWIS, PATRICIA M | 8721 WATERFORD RD | ALEXANDRIA VA 22308 |
| TREAS | DUGAN, HUTH T MR | 433 E 51ST STREET APT 8-D | NEW YORK NY 10022 |
| PRES. | FOLSOM, SUZANNE R MS | O'MELVENY & MEYERS, 555 13TH ST | WASHINGTON D. 20004 |

8. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

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 _____ Date _____

REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE: _____ Oct 29, 1999 703/993-5889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #