

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 FEB -4 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 946000012152

1. Corporation Name

Our little ones, Inc

Principal Place of Business

7504 SW 179th Terr
MIAMI FL 33157

Mailing Address

55 NW 59 Street
MIAMI FL. 33127

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

2. New Principal Office Address, If Applicable

55 NW 59th Street
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

55 NW 59 Street
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0468396

Applied For

Not Applicable

City & State

MIAMI FL 33127

Zip

Country

USA

City & State

MIAMI FL 33127

Zip

Country

USA

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P.D.	JOSENE A. KING	12715 SW 112th Court MIAMI FL 33176	MIAMI FL 33176
V.P. DIA.	DONNA MARIA JOHNSON	7504 SW 179th Terr	MIAMI FL 33157
D	ELAINE P. JOHNSON	7504 SW 179th Terr	MIAMI FL 33157
S.D.	JENNIFER M. BONNET	2961-B Day Avenue	MIAMI FL 33133
D	ROBERT CAMBRONNE	13730 SW 103 Terrace	MIAMI FL 33186
D	REGINE B. CAMBRONNE	13730 SW 103 Terr.	MIAMI FL 33186

8. Name and Address of Current Registered Agent

DONNA MARIA JOHNSON
7504 SW 179th Terr.
MIAMI FL 33157

9. Name and Address of New Registered Agent

Name
EDOUARD SICLAIT
Street Address (P.O. Box Number is Not Acceptable)
2961-B Day Avenue
Suite, Apt. #, Etc.
400002427114--B
City
MIAMI
State
FL
Zip Code
33153

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

REGISTERED AGENT MUST SIGN

Date 1/28/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

1/28/98 (305) 758 0046
Date Daytime Phone #

CR2E040 (12/96)