

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P970000005997			
1. Corporation Name OUR CHILDREN COME FIRST, INC.			
2. Principal Office Address 10945 STIRLING ROAD		3. Mailing Office Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State COOPER CITY, FL		City & State	
Zip 33322-6416	Country USA	Zip	Country

REINSTATEMENT
500023507055
 10/02/03--01013--019 **750.00

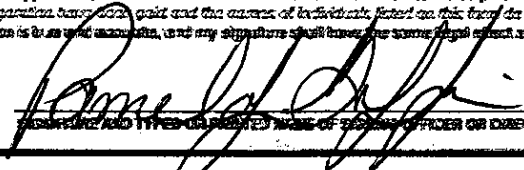
4. Date incorporated or qualified To Do Business in Florida 1/21/1997	
5. FEI Number 65-0723629	Applied For Not Applicable
6. STATEMENT OF QUANTITIES RECEIVED ☐ 15.75 Additional Fee required for a Certificate of Incorporation	

7. Name and Address of Current Registered Agent	
Name GUY D. SPENDITO	
Street Address (P.O. Box number is not acceptable) 8982 TAFT ST	
State, Apt. #, Etc.	
City PEMBROKE PINES,	State / Zip Code FL 33024

CORPORATION (1000)

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.	
Signature of Registered Agent 	Date 9/26/03
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PS	PAMELA GRIFFIN	11756 S.W. 59th AVE	COOPER CITY, FL 33330

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(1)(b), 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: 	Date 9-28-03	Signature Number 954-434-9620
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR		

JH 10/3