

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 JUN 28 AM 10:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **NA5000005428**

1. Corporation Name
FRIENDS OF THE DCCOSW INC

2. Principal Office Address 250 CATALONIA Suite, Apt. #, etc. SUITE 400 City & State CORAL GABLES FL Zip 33134		3. Mailing Office Address 250 CATALONIA AVE Suite, Apt. #, etc. SUITE 400 City & State CORAL GABLES FL Zip 33134	
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REINSTATEMENT *AKO*

4. Date Incorporated or Qualified To Do Business in Florida **11/15/95**

5. FEI Number **15-0642991**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **ANIA MAGDA GUILLEN (NEW)**

Street Address (P.O. Box Number is Not Acceptable) **250 CATALONIA AVE**

Suite, Apt. #, Etc. **SUITE 400**

City **CORAL GABLES** State **FL** Zip Code **33134**

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]* **Co. A.** Date **6/20/00**

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
PRES DIR.	ANIA MAGDA GUILLEN	250 CATALONIA AVE SUITE 400	Coral Gables FL 33134
V.P./ DIR.	DOROTHY SIBLEY	13125 SW 81ST AVE	MIAMI, FL. 33156
SECTY DIR.	DORIE LURIE	9349 ABBOTT AVE.	SURFSIDE, FL. 33154
TREAS DIR.	EUGENIA THOMAS	1110 NW. 41st ST	MIAMI, FL 33127
DIR.	ROCHELLE LEVIN	22800 SW 157 AVE	MIAMI, FL. 33170

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]* **ROCHELLE LEVIN** Date **6/19/00** Daytime Phone # **3052480860**

CR2E081 (9/99)

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