

PLEASE READ ALL INSTRUCTIONS BEFORE CO

APPLICATION
FOR
REINSTATEMENT



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

FILED
Dec 06 1996 8:00 am
Secretary of State

DOCUMENT # 704778

1. Corporation Name
FLORIDA ASSOCIATION OF CHILD & FAMILY AGENCIES INC.

Principal Place of Business Mailing Address
2354 UNIVERSITY BLVD. N. JACKSONVILLE FL 32211
2354 UNIVERSITY BLVD. N. JACKSONVILLE FL 32211



REINSTATEMENT 96 AD

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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/07/1962	
City & State		City & State		5. FEI Number	
Zip		Zip		59-6152174	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$6.75 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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	SULLIVAN, EDWARD J	51 MAIN ST.	ENTERPRISE FL 32725
DV	BRUSZIER, MARJORIE	1015 SIKES BLVD.	LAKELAND FL 33801
DS	KULP, CHRISTOPHER	417 WHOOPIING LOOP-SUITE 1721	ALTAMONTE SPRINGS FL 32701
DT	BROWN, ROB	2354 UNIVERSITY BLVD. N.	JACKSONVILLE FL 32211
D	SULLIVAN, EDWARD	PO BOX 6239 N/A	DELTONA FL
OP	George Young	100 N. Starcrest Dr.	Clearwater, Fla. 34618
DS	Kim Brien	8125 Laurel Hill Rd	Orlando, Fla. 32818

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BROWN, ROB 2354 UNIVERSITY BLVD. N. JACKSONVILLE FL 32211		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		000002024600--5 -12/10/96 ****243 FL ****243.00	

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: Rob Brown REGISTERED AGENT MUST SIGN Date: 11-25-96

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: Rob Brown TREAS. 11-25-96 904 7433611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/96)