

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**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

2354 UNIVERSITY BLVD. N.
JACKSONVILLE FL 32211

Mailing Address

2354 UNIVERSITY BLVD. N.
JACKSONVILLE FL 32211

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 96 AD

4. Date Incorporated or Qualified
To Do Business In Florida

11/07/1962

5. FEI Number

59-6152174

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$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

BROWN, ROB
2354 UNIVERSITY BLVD. N.
JACKSONVILLE FL 32211

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

000002024600--5

-12/10/96 SEP 10 1996

****243.00 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.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-25-96

Date

904 7433611
Daytime Phone #

CR2E040 (7/96)