PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 JUN -3 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # #725515

1. Corporation Name
Florida Association for Marriage & Family Therapy

Principal Place of Business
PO Box 4922
Seminole FL
33775-4722

Mailing Address

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

REINSTATEMENT 97-99

2. New Principal Office Address, If Applicable
Same as above
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Same as above
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida
1973

5. FEI Number
59-2996898
☐ Applied For
☑ Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	Larry Barlow - D	860 East Park Ave.	Tallahassee, Fl, 32301
President Elect	Silvia Kaminsky - D	5900 SW 73 St. #105	Miami, Fl 3343
Past President	Robin Stilwell - D	9260 Sunset Dr. #203	Miami - Fl, 33173

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****367.50 ****367.50

8. Name and Address of Current Registered Agent
Trish Murphy
2454 McMullen Booth Rd.
D608
Clearwater, Fl. 34695

9. Name and Address of New Registered Agent
Name: Robert Glenn, PhD
Street Address (P.O. Box Number is Not Acceptable): 13740 Oak Forest Bl. N.
Suite, Apt. #, Etc
City: Seminole | State: FL | Zip Code: 33776

CR2E081 (12/98)

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 X Robert Glenn
REGISTERED AGENT MUST SIGN
Date 4-26-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: Larry O Barlow Larry O Barlow 4-10-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #