

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 27 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO1000008124**

1. Corporation Name
Adoption Professionals, Inc.

600039563926

07/27/04--01041--003 **297.50

REINSTATEMENT

03-04

2. Principal Office Address
3661 Bougainvillea Rd
Suite, Apt. #, etc.

3. Mailing Office Address
3661 Bougainvillea Rd
Suite, Apt. #, etc.

City & State
Coconut Grove, FL
Zip **33133** Country **US**

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Coconut Grove, FL
Zip **33133** Country **US**

4. Date Incorporated or Qualified To Do Business in Florida
9/17/02

5. FEI Number
300079576 Applied For Not Applicable

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

7. Name and Address of Current Registered Agent

Name **Suzanne B. Nichols**
Street Address (P.O. Box Number is Not Acceptable)
3661 Bougainvillea Rd
Suite, Apt. #, Etc.
City **Coconut Grove** State **FL** Zip Code **33133**

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 REGISTERED AGENT MUST SIGN

Date **7/26/04**

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
P;D	Suzanne B. Nichols	3661 Bougainvillea Rd	Coconut Grove FL 33133
D	Marilyn Cromer	3661 Bougainvillea Rd	Coconut Grove, FL 33133
D	Andrew T. Nichols	3661 Bougainvillea Rd	Coconut Grove, FL 33133

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/26/04** Daytime Phone # **(305) 774-9010**

CFR2E081 (01/04)