

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 AM 9:42

DOCUMENT # N38831

1. Corporation Name
JAMES B. SANDERLIN FAMILY SERVICE CENTER, INC.

Principal Place of Business Mailing Address
2335 22ND AVENUE S. ~~P.O. BOX 12854~~
ST. PETERSBURG FL 33712 ~~ST. PETERSBURG FL 33732~~
US

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-10/25/01--01001--017
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REINSTATEMENT

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

2. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip Country

2335 22 Avenue South
St. Petersburg FL
33712 USA

4. Date Incorporated or Qualified To Do Business in Florida
06/25/1990

5. FEI Number
59-3024059

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
B C	ROBINSON, JAMES C Sanderlin, Raymond JR	5899 7TH ST S 2709 17 Street South	ST. PETERSBURG FL 33712
DE D	BRITT, LOUNELL	3525 27TH AVE. S	ST. PETERSBURG FL 33712
D	SEGUR, LAURALLYN	1735 BAYOU GRANDE BLVD NE	SAINT PETERSBURG FL 33703
S	SANDERLIN, GWEN	2709 17 AVE SOUTH 2709 17 Street South	SAINT PETERSBURG FL 33712
D	SANDERLIN, RAYMOND, SR.	2821 46TH AVENUE SOUTH	ST. PETERSBURG FL 33712
D	KING, DIANA	2343 6TH AVE N	ST. PETERSBURG FL 33713

8. Name and Address of Current Registered Agent
ROBINSON, JAMES C., JR.
2335 22ND AVENUE SOUTH
ST. PETERSBURG FL 33712

9. Name and Address of New Registered Agent
Name: Lounell Britt
Street Address (P.O. Box Number is Not Acceptable): 2335 22 Avenue South
Suite, Apt. #, Etc.:
City: St. Petersburg State: FL Zip Code: 33712

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: *Lounell Britt* Date: 10/10/01

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

11. 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: *Raymond J. Sanderlin Sr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E040 (8/01)