PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 28 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005099

1. Corporation Name

THE FAMILIES' CHARITY OF BROWARD, INC.

Principal Place of Business	Mailing Address
6037 KIMBERLY BLVD N. LAUDERDALE FL 33069 US	6037 KIMBERLY BLVD N. LAUDERDALE FL 33069 US

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

REINSTATEMENT 01

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

4. Date Incorporated or Qualified To Do Business in Florida: 11/05/1993

5. FEI Number: 65-0445683 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SCHNEIDER, ETHEL	1941 OAKMONT TERRACE	CORAL SPRINGS FL 33071
VTD	PETAKOS, CATHY	10120 NW 6TH STREET	PEMBROKE PINES FL 33026
D	SCHNEIDER, DAVID	1941 OAKMONT TERRACE	CORAL SPRINGS FL 33071

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~WOLF, MICHAEL H P.A.~~ ~~876 N. UNIVERSITY DRIVE~~ ~~SUITE 300~~ ~~PLANTATION FL 33322~~ 3832 N UNIVERSITY DR SUNRISE, FLA 33351	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 10-25-02
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.

954 557-6721

SIGNATURE: SIGNATURE REQUIRED 10-25-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #