PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 OCT 18 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000107

1. Corporation Name: FAMILIES IN DISTRESS INC

REINSTATEMENT 2001

2. Principal Office Address	3. Mailing Office Address
890 SE Ocean Way	
Suite, Apt. #, etc.: @ Burton	Suite, Apt. #, etc.
City & State: Dearfield Beach	City & State
Zip: 33441 Country: Broward	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 01/06/95

5. FEI Number: 650546067 ☐ 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: Marianne BLAZAR

Street Address (P.O. Box Number is Not Acceptable): 6499 ENCLAVE WAY

Suite, Apt. #, Etc.:

City: BOCA RATON FL. State: FL Zip Code: 33496

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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: Marianne Blazar Date: 10/15/01
REGISTERED AGENT MUST SIGN

CR2E061 (8/00)

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
DIR.	Daniel Burton M.Ed.	890 SE. ocean way	Dearfield Beach Fla 33441
Pres/Dir	Marianne Blazar	6499 Enclave Way	Boca Raton, FL. 33496
DIR.	Marc BLAZAR	6499 Enclave Way	Boca Raton, FL. 33496
DIR.	Guy Martin Rosenfeld	890 SE Ocean way	Dearfield Beach Fla 33441
DIR.	Viviana Serna	890 S.E Ocean way	Deerfield Beach Fla 33441

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: Daniel Burton M.Ed. 9545311554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #