

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED

AND  
FILED

01 NOV -9 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



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

99-01

DOCUMENT # N96000003743

1. Corporation Name

CHERISH THE CHILDREN  
FOUNDATION, INC.

2. Principal Office Address

1610 N. MYRTLE AVE

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip Country

33755 PINELLAS

3. Mailing Office Address

1610 N. MYRTLE AVE

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip Country

33755 PINELLAS

REINSTATEMENT 99-01

4. Date Incorporated or Qualified  
To Do Business in Florida

7/16/1996

5. FEI Number

59-3411071

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

PATTI BROWN

500004703355--5

Street Address (P.O. Box Number is Not Acceptable)

1610 N. MYRTLE AVENUE

12/04/01-0101--018

\*\*\*367.50 \*\*\*367.50

Suite, Apt. #, Etc.

City

CLEARWATER, FL

State

FL

Zip Code

34615

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

*Patti Brown*

Date 5 November 2001

REGISTERED AGENT MUST SIGN

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	BEN KUGLER	2852 CHELSEA PLACE SO.	CLEARWATER, FL 34619
V/D	MARSHA FRIEDMAN	200 DOLPHIN POINT # 202	CLEARWATER, FL 33767
S/T	PATTI BROWN	3037 EGRET TERRACE	SAFETY HARBOR, FL 34695
D	JIM BURGHORN	12410 CHICKASAW TRAIL	LARGO, FL 33774
V	LINDA LORCH	311 JEFFERSON AVENUE	CLEARWATER, FL 33755

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)(f), 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: *Marsha Friedman, Marsha FRIEDMAN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR02081 (9-01)