


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 DEC -3 PM 3:59

**DOCUMENT # N98000000931**

1. Corporation Name  
 Compassionate Families, Inc.

100004721421--7  
 -12/12/01--01085--007  
 \*\*\*\*245.00 \*\*\*\*245.00

REINSTATEMENT 01

2. Principal Office Address 1513 San Marco Blvd Suite, Apt. #, etc.		3. Mailing Office Address 1513 San Marco Blvd Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32207	Country USA	Zip 32207	Country USA

4. Date incorporated or Qualified To Do Business in Florida: 2/16/98

5. FEI Number: 59-3504148

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

7. Name and Address of Current Registered Agent

Name: Richard Glen Mitchell

Street Address (P.O. Box Number is Not Acceptable): 108 Janelle Lane

Suite, Apt. #, Etc.

City: Jacksonville

State: FL Zip Code: 32211

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: *[Signature]* Date: \_\_\_\_\_

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
	See Attached		AR 12/11

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]* R. GLEN MITCHELL 30 NOV 01 396-9665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CS25201 (8/00)

ATTACHMENT TO CORPORATION REINSTATEMENT FOR FLORIDA DEPT. OF STATE

*Compassionate Families, Inc.*

**BOARD MEMBERS**

CHAIR	DEBRA LEWIS	775 RUSHMORE COURT	JACKSONVILLE, FL 32244
VICE-CHAIR / SECRETARY	MYRA ARMISTEAD	8141 OAKWOOD ST.	JACKSONVILLE, FL 32208
TREASURER	NAT TAYLOR	1864 KINGS ROAD, #114	JACKSONVILLE, FL 32209
	JIM KOWALSKI, ESQUIRE	4925 BEACH BLVD.	JACKSONVILLE, FL 32207
	R. GLEN MITCHELL	108 JANELLE LANE	JACKSONVILLE, FL 32211
	BOB CONNER	1709 BRIDLED TERN COURT	ORANGE PARK, FL 32003
	ELIJAH DEMPS	324 MONTICELLO COURT	JACKSONVILLE, FL 32259
	SANDRA LAWSON	7149 RICHARDSON ST.	JACKSONVILLE, FL 32209