

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 OCT 21 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07452

1. Corporation Name

FAMILY NETWORK ON DISABILITIES OF FLORIDA, INC.

Principal Place of Business

2735 WHITNEY RD
CLEARWATER FL 34620

Mailing Address

2735 WHITNEY RD
CLEARWATER FL 34620

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

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

02/05/1985

5. FEI Number

59-2679597

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
JD	HEDLEY, LUAN Cao, Quan	5303 AVENIA DEL MARE	SARASOTA FL Tallahassee, FL,
VD	SANTIAGO, GARCIA Coleman, Rick	20190 S.W. 288TH ST. 3715 CR 13A North	HOMESTEAD, FL 32094 St. Augustine, FL
TD	SCHOENIG, WALTER	2428 FAIRBANKS DRIVE	CLEARWATER FL 34624
VD	WADE, SALLY Smith, Ann	2520 BORDEAUX WAY 5890 Chero Kee Rd.	LUTZ FL Milton, FL 32570
PD	BELLACK, WENDY	421 S.W. 20TH ST	FT LAUDERDALE FL 33315
TD	RAMO, KATHI Alfassa-White, Rae	2405 CASTAWAY DR 19101 SW 59th St.	JACKSONVILLE FL 33332 Ft. Lauderdale, FL

8. Name and Address of Current Registered Agent

SCHOENIG, WALTER
5510 GRAY ST.
SUITE 220
TAMPA FL 33609

DISSOLUTION
REMOVED
see
attachment

9. Name and Address of New Registered Agent

Name Jan LaBelle
Street Address (P.O. Box Number is Not Acceptable)
2735 Whitney Road
Suite, Apt. #, Etc.
City Clearwater State FL Zip Code 34620

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

Jan LaBelle

REGISTERED AGENT MUST SIGN

Date 10-4-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Jan LaBelle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-4-96 813-523-1130
Date Daytime Phone #

CR2040 (7/96)



2 of 2

2735 Whitney Road • Clearwater, Florida 34620
800-825-5736 813-523-1130 Fax 813-523-8687

October 4, 1996

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Document Number: N07452

Dear Sirs,

The above referenced Corporate Report was filed for a second time, after the State's request for additional information. I have checked with the bank and the accompanying check has not cleared. I have no explanation as to why your office has not received the amended report. It is not, however, the intention of the Family Network on Disabilities to dissolve the Corporation.

After speaking with the Division of Corporations, I was told that the reinstatement fee would be waived. As a not-for-profit organization with very limited discretionary funds, thank you for this. I have enclosed a check for \$70.00: \$61.25 - Annual Report Fee, \$8.75 - Certificate of Status.

Thank you again. I hope that this report will allow you to reinstate our status.

Sincerely,

Jan LaBelle
Executive Director

Enclosures (2)