PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 DEC 21 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005715

1. Corporation Name

Florida Association of Support Coordinators

2. Principal Office Address	**3.** Mailing Office Address
c/o Advocates for Opportunity, Inc 1333 S. University Drive	same as principal office
Suite, Apt. #, etc. Suite 206	Suite, Apt. #, etc.
City & State Plantation, FL	City & State
Zip 33324 / Country Broward	Zip / Country

CR2E081 (12/05) 03-06

4. Date Incorporated or Qualified To Do Business in Florida 1994

5. FEI Number 650553183 ☐ 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: Deborah W Kahn

Street Address (P.O. Box Number is Not Acceptable): C/O Advocates for Opportunity, Inc 1333 South University Drive

Suite, Apt. #, Etc.: Suite 206

City: Plantation, FL | State: FL | Zip Code: 33324

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 _____ REGISTERED AGENT MUST SIGN

Date 12/19/2006

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
Ch/D	David Alexander	820 Australian St	Merritt Island, FL 32953
VC/D	Rebecca Marks	13902 North Dale Mabry Highway	Tampa, FL 33618-2415
S/D	Martha Pumphrey	13879 Intracoastal Sound Dr	Jacksonville FL 32224
T/D	Lorraine Symon	c/o Advocates for Opportunity, Inc. 1333 S. University Drive, Suite 206	Plantation, FL 33324
		400092709404 12/21/06--01036--005 **420.00	

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 contained in Chapter 119, 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: _____ LORRAINE Symon 12/20/06 9545235539

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