

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -8 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 725515

1. Corporation Name

FLORIDA ASSOCIATION FOR MARRIAGE & FAMILY THERAPY, INC.

Principal Place of Business

3370 CAPITAL CIRCLE NE  
STE D-2  
TALLAHASSEE FL 32308  
US

Mailing Address

3370 CAPITAL CIRCLE NE  
STE D-2  
TALLAHASSEE FL 32308  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT 02

4. Date Incorporated or Qualified  
To Do Business in Florida

02/09/1973

5. FEI Number

59-2998898

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	4 City / State / Zip
PPD	BARLOW, LARRY	860 EAST PARK AVE.	TALLAHASSEE FL 32301
PD	KAMINSKY, SILVIA	5900 SW 73 ST., #105	MIAMI FL 33143
TD	SCHWARTZ, MELISSA	310 21ST STREET N 716 Lake Wellington Dr.	SAINT PETERSBURG FL 33704 Wellington, FL 33414
PE	HATCHER, GORDAN	106 E CHURCH STREET	ORLANDO FL 32801
ED	Glass, Steve	3370 Capital Circle, NE Suite D-2	TALLAHASSEE FL 32308

8. Name and Address of Current Registered Agent

GLASS, STEVE  
3370 CAPITAL CIRCLE NE  
STE D-2  
TALLAHASSEE FL 32308

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/20/02

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/02

850-906-0779

CR2E040 (8/02)