

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 18 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743672

1. Corporation Name
THE FAMILY SOURCE OF FLORIDA, INC.

Principal Place of Business Mailing Address
345 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301

REINSTATEMENT 99

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

2. New Principal Office Address, If Applicable SAME		3. New Mailing Office Address, If Applicable SAME		4. Date Incorporated or Qualified To Do Business in Florida 7/78	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1944-924	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	STEPHANIE MEINCKE	345 OFFICE PLAZA DRIVE	TALLAHASSEE, FL 32301
TD	MASON ALLEN	1380 LAKESHORE DRIVE	MOUNT DORA, FL 32757
SP	TOM BARNES	1000 N.E. 16 TH AVENUE	GAINESVILLE, FL 32601
P	ROBERT RACKLEFF	816 CHERRY STREET #301	TALLAHASSEE, FL 32303
P	RONALD WILSON	5218 N. ORANGE BLOSSOM TR	ORLANDO, FL 32810
P	SUZETTE GREGG	15173 71 ST DRIVE NORTH	PALM BEACH GDN, FL 33418

8. Name and Address of Current Registered Agent

300003078173--3
-12/22/99--01073--001
****236.25 ****236.25

9. Name and Address of New Registered Agent

Name
TRACEY RAJACK
Street Address (P.O. Box Number is Not Acceptable)
345 OFFICE PLAZA DRIVE
Suite, Apt. #, Etc.
City
TALLAHASSEE
State
FL
Zip Code
32301

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 Tracey Rajack, Vice President
REGISTERED AGENT MUST SIGN

Date 12/10/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30. 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:

Tracey Rajack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/99 488-5437
Date Daytime Phone #

CR2E061 (12/98)