

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<br>SAME | 3. New Mailing Office Address, If Applicable<br>SAME | 4. Date Incorporated or Qualified To Do Business in Florida<br>7/78  |
| Suite, Apt. #, etc.                                    | Suite, Apt. #, etc.                                  | 5. FEI Number<br>59-1944-924   |
| City & State   | City & State   | Applied For<br>Not Applicable  |
| 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) |                                      |  |                          |
|---|--------------------------------------|--|--------------------------|
| 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    |
| 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 <sup>TH</sup> AVENUE   | GAINESVILLE, FL 32601    |
| P   | ROBERT RACKLEFF                      | 816 CHERRY STREET  | TALLAHASSEE, FL 32303    |
| P   | RONALD WILSON                        | 5218 N. ORANGE BLOSSOM TR #301   | ORLANDO, FL 32810        |
| P   | SUZETTE GREGG                        | 15173 71 <sup>ST</sup> DRIVE NORTH   | PALM BEACH GDN, FL 33418 |

|  |   |
|--|---|
| 8. Name and Address of Current Registered Agent<br>300003078173--3<br>-12/22/99--01073--001<br>****236.25 ****236.25 | 9. Name and Address of New Registered Agent<br>Name TRACEY RAJACK<br>Street Address (P.O. Box Number is Not Acceptable) 345 OFFICE PLAZA DRIVE<br>Suite, Apt. #, Etc.<br>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 Date 12/10/99  
REGISTERED AGENT MUST SIGN

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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 12/10/99 Daytime Phone # 488-5437