

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 18 AM 9:49

DOCUMENT # 747696

1. Corporation Name

THE FLORIDA FAMILY SUPPORT COUNCIL, INC.

Principal Place of Business

Mailing Address

C/O DON PICKETT  
330 CLEMATIS ST., SUITE #201  
WEST PALM BEACH FL 33401-4602

C/O DON PICKETT  
330 CLEMATIS ST., SUITE #201  
WEST PALM BEACH FL 33401-4602



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

4. Date Incorporated or Qualified  
To Do Business in Florida

06/15/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2013591

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PICKETT, DON	330 CLEMATIS, STE. 201	WEST PALM BCH. FL
D	CASE, DEBORAH	651 4TH STREET SW	LARGO FL
D	HERSCHAFT, BETH-ANN	11110 REDWOOD AVE.	PEMBROKE PINES FL
S	BROWN, ELAINE	1916 14TH ST. 3RD FLOOR	TAMPA FL
			300003440973-7
			-10/26/00-01088-019
			****245.00 ****245.00
			10/13/00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DON PICKETT  
330 CLEMATIS ST.  
STE. 201  
WEST PALM BEACH FL 33401-4602

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date 10/13/00

REGISTERED AGENT MUST SIGN

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

DON PICKETT, PRESIDENT

Date

Daytime Phone #

10/13/00 (561) 655-7383

CR2E040 (8/00)