

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  
 TALLAHASSEE, FLORIDA  
 01 NOV -5 PH 3:01

**DOCUMENT # 754231**

1. Corporation Name

**FOSTER PARENT ASSOCIATION OF MARION COUNTY FLORIDA, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 2332  
 OCALA FL 34478

P.O. BOX 2332  
 OCALA FL 34478



**REINSTATEMENT** *Of*

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

09/18/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-9104701

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	DRAPER, ROBERT	2225 NW 65 STREET	OCALA FL
VD	ALFORD, JANICE	2016 S E 5TH ST	OCALA FL 34471
T	DIXON, CATHERINE	16701 SE 23RD AVE	SUMMERFIELD FL 34491
SD	BINGEMANN, DORIE	7895 S W 10TH ST	OCALA FL 34474
D	HOWARD, HESTER	1600 NW 120TH AVE	OCALA FL
			700004699187--6 -11/30/01--01011--001 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIXON, CATHERINE  
 16701 SE 23RD AVE  
 SUMMERFIELD FL 34491

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

*Catherine Dixon* **SIGNATURE REQUIRED**

Date 10-31-01

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:

*Catherine Dixon* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-01  
 Date

(352) 454-1697  
 Daytime Phone #

CR2E040 (8/01)