

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAR 25 PM 3: 00

DOCUMENT # 754634

1. Corporation Name

THE EXTENDED FAMILY, INC.

Principal Place of Business

Mailing Address

1270 ORANGE CAMP RD  
DELAND FL 32724

1270 ORANGE CAMP RD  
DELAND FL 32724



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

112 S. WOODLAND BLVD  
Suite, Apt. #, etc.

P O BOX 298  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

10/14/1980

City & State  
DELAND FL

City & State  
LAKE HELEN FL

5. FEI Number

59-2048863

Applied For

Not Applicable

Zip 32720 Country VOLUSIA USA

Zip 32744 Country VOLUSIA USA

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	DOWNEY, MARIE	728 ST. ANDREWS CIRCLE	NEW SMYRNA BEACH FL
TD	COLLINS, PAUL	2303 RIDGEWOOD AVE 1725 E. Mahan Dr.	DAYTONA BEACH FL 32115 Tallahassee, FL 32309
D	LATHAM, AVIS A	1825 BUSINESS PARK BLVD	DAYTONA BEACH FL 32114
DS	STROUD, GLORIA	32 IROQUOIS TRAIL	ORMOND BEACH FL
D	ZECHNOWITZ, DAVID	123 W INDIANA AVE	DELAND FL 32720

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FORD, ANN

1270 ORANGE CAMP RD  
DELAND FL 32724

Name

ANN FORD

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

112 S. WOODLAND BLVD

Suite, Apt. #, Etc.

City

DELAND

State

FL

Zip Code

32720

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

REGISTERED AGENT MUST SIGN

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03/30/04--01070--014 \*\*122.50

Date MARCH 24 2004

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

MARCH 24 2004

Date

Daytime Phone #

CR20040 (7/03)

3/24/04

To Whom It May Concern,

we moved and I did not think to notify you. As a result, I did not receive our annual filing. I am filing today, instead of earlier, as a result.

Thank you for your help with this.

Ann Ford

Executive Director