

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

03 NOV -3 PM 6:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000005275**

1. Corporation Name

MAINE ADOPTION PLACEMENT SERVICE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 772
58 PLEASANT ST
HOULTON ME 04730

P.O. BOX 772
58 PLEASANT ST
HOULTON ME 04730



REINSTATEMENT 2003

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

10/30/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

01-0348849

Applied For

Not Applicable

City & State

City & State

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
C	BEAN, BRADLEY C.	70 PARK STREET	HOULTON ME 04730
D	DEGENHARDT, DAWN	101 NORTH ROAD	HOULTON ME

900024381839

11/03/03--01071--009 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~DELEE, ANDREA~~
ADOPTION RESOURCES OF FLORIDA
601 SOUTH FREMONT AVE
TAMPA FL 33606

Name

Cheryl Huston

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

662 Key Royale Drive

Suite, Apt. #, Etc.

City

Holmes Beach

State

FL

Zip Code

34217

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

Date

Oct 28, 2003

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

10/28/2003

Date

207-532-9358

Daytime Phone #

CR2E040 (7/03)