

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 OCT -4 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G72064**

1. Corporation Name

**NATIONAL ADOPTION COUNSELING SERVICE, INC.**

Principal Place of Business

Mailing Address

**3769 Stewart Avenue  
Coconut Grove, FL 33133**

**same**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
**3769 Stewart Avenue**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**same**

Suite, Apt. #, etc.

City & State

**Coconut Grove, FL**

City & State

Zip  
**33133**

Country  
**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/21/83**

5. FEI Number

**59-2725120**

☒ Applied For

☐ Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Richard Gitelman	3769 Stewart Avenue	Coconut Grove, FL 33133

**800003007378--9  
-10/06/99--01060--019  
\*\*\*1200.00 \*\*\*1200.00**

8. Name and Address of Current Registered Agent

**Richard Gitelman  
3769 Stewart Avenue  
Coconut Grove, FL 33133**

9. Name and Address of New Registered Agent

Name

**same**

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

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

*Richard Gitelman*  
REGISTERED AGENT MUST SIGN

Date **9-27-99**

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, and 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 *Richard Gitelman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9-27-99**  
Daytime Phone # **305 667 8121**

CR2E081 (12/98)