

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 31 PM 4:23
DIVISION OF CORPORATIONS
FILED

DOCUMENT # NO00000004545

1. Corporation Name

Making Families Foundation, Inc.

2. Principal Office Address

112 S. Glen Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

112 S. Glen Ave.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33609

Country

USA

City & State

Tampa, FL

Zip

33609

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

7-10-00

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

300009771548

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jeanine Reynolds
REGISTERED AGENT MUST SIGN

Jeanine Reynolds
as its agent

Date 12-31-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>D</u>	<u>David P. Alexander</u>	<u>1015 S. Dakota Ave.</u>	<u>Tampa, FL 33606</u>
<u>D</u>	<u>Cheryl A. Benitez</u>	<u>112 S. Glen Ave.</u>	<u>Tampa, FL 33609</u>
<u>D</u>	<u>Michael A. Benitez</u>	<u>112 S. Glen Ave.</u>	<u>Tampa, FL 33609</u>
<u>D</u>	<u>Natalie E. Raney</u>	<u>3608 San Juan</u>	<u>Tampa, FL 33609</u>
<u>D</u>	<u>Steven M. Raney</u>	<u>3608 San Juan</u>	<u>Tampa, FL 33609</u>
<u>D</u>	<u>Green M. Spencer</u>	<u>2916 1/2 Tamiami</u>	<u>Tampa, FL 33611</u>
<u>D</u>	<u>Jeanne T. Tate</u>	<u>418 W. Platt St.</u>	<u>Tampa, FL 33606</u>

10. 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:

Cheryl A. Benitez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/02 813-870-1343
Date Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 876834 7208815

AUTHORIZATION :

Patricia Pizant

COST LIMIT : \$ 236.25

ORDER DATE : December 31, 2002

ORDER TIME : 3:05 PM

ORDER NO. : 876834-005

CUSTOMER NO: 7208815

CUSTOMER: Mark T. Tate, Esq
Mark T. Tate, P.a.
212 South Magnolia Ave

Tampa, FL 33606

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: MAKING FAMILIES FOUNDATION,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight /JKG

EXAMINER'S INITIALS

File 1st