

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

01 DEC 26 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000007946

1. Corporation Name

FFP EMPOWERMENT FOR FLORIDA FAMILIES, INC.

Principal Place of Business

Mailing Address

630 W. BREVARD ST.  
TALLAHASSEE FL 32304

P.O. BOX 14775  
TALLAHASSEE FL 32317-4775



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/01/2000

5. FEI Number

31-1744327

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCD	WILLIAMS, DENISE P	630 W. BREVARD ST.	TALLAHASSEE FL 32304
CEO	WILLIAMS, DENISE P	630 W. BREVARD ST.	TALLAHASSEE FL 32304
VCD	NEAL, FIESTA K	3520 CLEVELAND HEIGHTS BLVD., #1	LAKELAND FL 33833
D	GLASS, MILTON V	1405 S. ADAMS ST.	TALLAHASSEE FL 32301
D	BEASLEY, STEPHEN K	2610 POTSDAMER DR.	TALLAHASSEE FL 32310
D	HUBBARD, RUDOLPH L	2912 MODRED LANE	TALLAHASSEE FL 32301

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, DENISE P  
630 W. BREVARD ST.  
TALLAHASSEE FL 32304

Name

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

700004749817--8

Suite, Apt. #, Etc.

\*\*\*\*236.25

\*\*\*\*236.25

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

*Denise P. Williams*

Date

12-26-01

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:

*Denise P. Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-26-01

CR2E040 (8/01)