

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **N01000004618**

1. Corporation Name

**THE POLICY GROUP FOR FLORIDA'S FAMILIES AND CHILDREN, INC.**

Principal Place of Business

111 N. GADSDEN ST., STE. 200  
TALLAHASSEE FL 32301

Mailing Address

111 N. GADSDEN ST., STE. 200  
TALLAHASSEE FL 32301

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/29/2001

5. FEI Number

02-0536121

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
D	EBBOLE, GAETANA D	1919 N. FLAGLER DR.	WEST PALM BEACH FL 33407
D	PANACEK, LUANNE J	1205 E. 8TH AVE.	TAMPA FL 33605
D/D	GRANGER, TED	307 E. 7TH AVE.	TALLAHASSEE FL 32303
P/D	HOOD, CHUCK	<del>3250 SW 3RD AVE., 5TH FL ANSIN B</del> 401 N.W. 2nd Ave., N. Tower	MIAMI FL <del>33129</del> 33128
V/D	MILLS, Jim	6698 68th Avenue N., Suite A	PINELLAS PARK <del>ST. PETERSBURG</del> , FL 33780
S/D	FRIEDMAN, ROBERT	13301 Bruce B. Downs Blvd.	TAMPA, FL 33612

8. Name and Address of Current Registered Agent

SESSIONS, DOUGLAS JR  
111 N. GADSDEN ST., STE. 200  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

10/13/03

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

Date

Daytime Phone #

10-13-03 850-488-8276

CR2E040 (7/03)