

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN -6 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000006330

1. Corporation Name

MY PLACE IN THIS WORLD. CHILDREN AND ADULTS WITH
Disabilities Safety Network, Inc.

W10 — 757 To:

2. Principal Office Address - No P.O. Box #

8202 PEMBROOK VILLAS CIRCLE

3. Mailing Office Address

P.O. Box 609074

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

Orlando, FLORIDA

Zip

32810

Country U.S.

Orange County

Zip

32860

Country U.S.

Orange County

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/04/2001

5. FEI Number

59-3744827

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

TAMMY L. HENDRIX

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

8202 PEMBROOK VILLAS C

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32810

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

\$183.75

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

Tammy Hendrix

REGISTERED AGENT MUST SIGN

Date January 4, 2010

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
ATT/MD	TAMMY L. HENDRIX	8202 PEMBROOK VILLAS CIRCLE	Orlando, FLORIDA 32810
S/D	GAIL HENDERSON-JOHNSON	39 Roland Hayes	Apopka, FLORIDA 32703
C/D	CANDY COLE	5221 Regal OAK CIRCLE	Orlando, FLORIDA 32810
			CC 1/8

10. E-mail Address: None Established At This Date

(To be used for future annual report notification)

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. I further certify, 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:

Tammy L. Hendrix

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 4, 2010

Date

Daytime Phone #