

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

\$297.50 JUN 25 AM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000006723

1. Corporation Name

Familyand Friends United, Inc.

REINSTATEMENT 02-03

2. Principal Office Address

8536 Peconic Drive
Orlando

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 680642

Suite, Apt. #, etc.

City & State

Orlando

Zip
32835

Country

Orange County

City & State

Orlando

Zip
32868

Country

Orange County

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/01

5. FEI Number

04-3662317

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ **Full Certificate of Status**
☐ **Partial Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Sharon Warner

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

8536 Peconic Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32835

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

Sharon Warner

Date

June 18, 03

REGISTERED AGENT MUST SIGN

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
P	Sharon Warner	8536 Peconic Drive Orlando, FL 32835	
T	Jackie Parks	7358 RiverSide Place	Orlando, FL 32810
V	Coretta Joseph	4440 Medallion Dr. Apt 816	Orlando, FL 32808

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: Sharon Warner Sharon Warner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/03
Date

(407)292-3145
Daytime Phone #

CR2E081 (10/02)

7/6/25