

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 16 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000003324

1. Corporation Name

DEFENSE FOR CHILDREN AND FAMILIES, INC

Principal Place of Business

6542 HYPOLUXO RD.
#304
LAKE WORTH FL 33467

Mailing Address

6542 HYPOLUXO RD.
#304
LAKE WORTH FL 33467



REINSTATEMENT 03

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

05/03/2002

5. FBI Number

30-0205771

☒ 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
P	GUBELLO, KATHY M	2560 S. OCEAN BLVD #517	PALM BEACH FL 33480
VP	MERTZ, CHRISTOPHER	2560 S. OCEAN BLVD #517	PALM BEACH FL 33480

400023854704

10/16/03--01045--006 **201.25

09/26/03 01098 003 \$35.00

10/10/03

8. Name and Address of Current Registered Agent

GUBELLO, KATHY M
6542 HYPOLUXO RD
#304
LAKE WORTH FL 33467

9. Name and Address of New Registered Agent

Name
CHRISTOPHER MERTZ
Street Address (P.O. Box Number is Not Acceptable)
6542 Hypoluxo Rd #304
Suite, Apt. #, Etc.
City
LAKE WORTH
State
FL
Zip Code
33467

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

10/10/03

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 #

Christopher Mertz, CEO 10/10/03 (561) 7670355

CR2E040 (7/03)