


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 # **N02000005145**

1. Corporation Name

SPAFFORD CHILDREN'S CENTER FOUNDATION, INC.

Principal Place of Business

Mailing Address

15107 MADEIRA WAY, STE #165
MADEIRA BEACH FL 33708

15107 MADEIRA WAY, STE #165
MADEIRA BEACH FL 33708

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

07/08/2002

5. FEI Number

11-3653747

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/T D	Judith Andersson	651 140th Ave Madeira Beach, FL 33708	Madeira Beach, FL 33708
V/S D	Ben Andersson	651 140th Ave Madeira Beach, FL 33708	Madeira Beach, FL 33708
D	Mark Andersson	651 140th Ave Madeira Beach, FL 33708	Madeira Beach, FL 33708

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANDERSSON, JUDITH
15107 MADEIRA WAY, STE #165
MADEIRA BEACH FL 33708

Name

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

Suite, Apt. #, Etc.

City

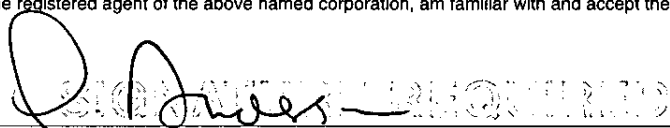
State

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

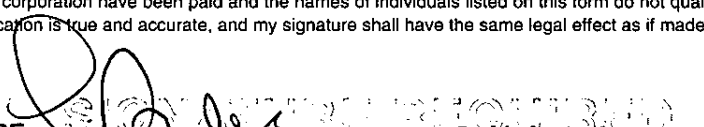


REGISTERED AGENT MUST SIGN

Date 11/20/03

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

Judith Andersson

11/20/03
Date

813-974-0360
Daytime Phone #

CR2E040 (7/03)

SPAFFORD CHILDREN'S CENTER FOUNDATION, INC

15107 Madeira Way, Ste. 165

Madeira Beach, FL 33708

November 21, 2003

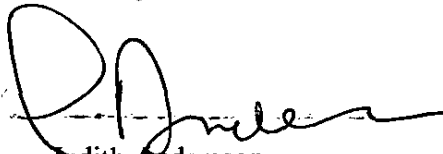
Division of Corporations
Annual Report/Reinstatement Section
P O Box 6327
Tallahassee, FL 32314-6327

Dear Sir/Madam:

Enclosed is my Application for Reinstatement. Also enclosed is a copy of the letter I received about my annual report in June. I made the appropriate notations beside the names and returned the letter with the copy of the annual report, assuming that all was now well and the filing would be completed.

When the reminder to file arrived, I ignored it since I had already responded to your letter and assumed the filing would go ahead in due course. It is now clear that the filing was not completed for some reason. However, in mitigation, I did file on time, paid the filing fee, responded to your request to note the Directors and returned same in a timely way. I am hoping that this will be sufficient for you to allow reinstatement, and to waive the fee.

Thank you.

A handwritten signature in black ink, appearing to read 'Judith Andersson', written over a horizontal line.

Judith Andersson
Director