

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 MAR -9 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RC AMEND.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000007311

1. Corporation Name

Fatherhood Assistance, Lifestyles & Legal
Services, Inc.

2. Principal Office Address

4202 West Nassau St.

3. Mailing Office Address

4202 W. Nassau St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33607

Country

USA

Zip

33607

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEEL Number

02-0688397

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Fred L. Gray

100067472491

03/03/06--01039--003 **61.25

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

4217 West Nassau Street

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33607

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

Fred L. Gray

Date

3-1-06

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
D	Gray, Fred Deacon	4217 W. Nassau St.	Tampa, Fl 33607
D	Gray, Jimmy L.	1739 W. Walnut	Tampa, Fl 33607
D	Johnson, William	3104 E. MLK Blvd.	Tampa, Fl 33610
D	Cooper, Edward A.	3410 McBerry	Tampa, Fl 33601
D	Charles, William	6903 W. Carson Ave	Tampa, Fl 33614
D	Reese, Linda C. Rev.	1928 W. Spruce St.	Tampa, Fl 33607

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 contained in Chapter 119, 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

Jimmy L. Gray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-1-06

Daytime Phone #

813-995-0033