


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>NO2000007435</u>			
1. Corporation Name <u>THE SDOT FAMILY CENTER INC.</u>			
2. Principal Office Address <u>5203 WEST HOMOSASSA TR</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>5203 WEST HOMOSASSA TRAIL</u> Suite, Apt. #, etc.	
City & State <u>LOCANTO, Florida</u>		City & State <u>LOCANTO, Florida</u>	
Zip <u>34461</u>	Country <u>USA</u>	Zip <u>34461</u>	Country <u>USA</u>

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT D3-04

4. Date Incorporated or Qualified To Do Business in Florida	<u>9-30-2002</u>
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <u>EVELYN VISSICCHIO</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>11825 W. RIVERHAVEN DR</u>		
Suite, Apt. #, Etc. 		
City <u>HOMOSASSA</u>	State <u>FL</u>	Zip Code <u>34448</u>

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 <input checked="" type="checkbox"/> <u>E. Vissicchio</u>	Date _____
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
<u>Pres</u>	<u>Joseph A. Vissicchio</u>	<u>5203 WEST HOMOSASSA TRAIL</u>	<u>LOCANTO, Florida 34461</u>
<u>VP</u>	<u>BATTEN COURT, LARRY N.</u>	<u>2090 ROUTE 68 WEST</u>	<u>ZELIENOPLE, PA 16063</u>
<u>Sec.</u>	<u>John Randlett</u>	<u>1930 SO MOLANIE DR</u>	<u>HOMOSASSA, FL 34448</u>

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: <input checked="" type="checkbox"/> <u>E. Vissicchio</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date <u>6/6/2004</u>	Daytime Phone # <u>352-212-4788</u>

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6