

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 17 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000008881**

1. Corporation Name

**FIRST COAST FAMILIES WITH CHILDREN FROM CHINA, I
NC.**

Principal Place of Business

Mailing Address

289 WATERS EDGE DRIVE
PONTE VEDRA BEACH FL 32082

289 WATERS EDGE DRIVE
PONTE VEDRA BEACH FL 32082

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

30-0133886

Not Applicable

Zip

Country

Zip

Country

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/D	AYERS, DAREN	4569 CRYSTAL BROOK WAY	JACKSONVILLE FL 32224
VP/D	MYERS HARTWELL, PAIGE	289 WATERS EDGE DRIVE	PONTE VEDRA BEACH FL 32082
S/D	PATRICK, STEVE	10196 PINE BREEZE RD W	JACKSONVILLE FL 32257
T	HAHN, KARLA	1949 SWEET BRIAR LANE	JACKSONVILLE FL 32217

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MYERS HARTWELL, PAIGE
289 WATERS EDGE DRIVE
PONTE VEDRA BEACH FL 32082

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

Paige Myers Hartwell

Date **10/5/03**

REGISTERED AGENT MUST SIGN

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:

Paige Myers Hartwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/5/03

Daytime Phone #

CR20040 (7/03)