

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JAN 14 AM 9:21

DOCUMENT # **NO2000009103**

1. Corporation Name

Adopt- A-Family Project, Inc.

2. Principal Office Address - No P.O. Box #

6471 53RD Circle

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

VERO BEACH, FL.

City & State

"

Zip

32967

Country

INDIAN RIVER

Zip

"

Country

"

900166204209
01/14/10--01044--005 **367.50

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/2002

5. FEI Number

01-0755833

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TIMOTHY C. BRUEGGEMAN

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

6471 53RD Circle

Suite, Apt. #, Etc.

City

VERO BEACH

State

FL

Zip Code

32967

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

Date **1/12/2010**

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
PRESIDENT	TIM BRUEGGEMAN	6471 53RD Circle	VERO BEACH, FL 32967
VIC-PRES.	BEN BRADSHAW	4 John's Island Dr.	VERO BEACH, FL 32963
SECRETARY	TRACY BRUEGGEMAN	6471 53RD Circle	VERO BEACH, FL 32967

REINSTATEMENT 09-1073

1/20/10

10. E-mail Address: **TENNIS@JOHNSISLANDCLUB.ORG**

(To be used for future annual report notification)

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. I further certify, 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] **TIMOTHY BRUEGGEMAN**

1/12/2010

772-559-8292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #