

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV -4 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000003490

1. Corporation Name

Extended Family Care Home Inc

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

641 Ridgewood Street
Suite, Apt. #, etc.

3. Mailing Office Address

641 Ridgewood Street
Suite, Apt. #, etc.

City & State

Altamonte Spring FL
Zip 32701 Country USA

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Altamonte Spring FL
Zip 32701 Country USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/2005

5. FEI Number

02-0743254

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

Lurenia Allen

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

641 Ridgewood Street

Suite, Apt. #, Etc.

City

Altamonte Spring

State

FL

Zip Code

32701

☒ 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**

Lurenia Allen

Date 10-22-09

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	Lurenia Allen	641 Ridgewood Street	Altamonte Spring FL 32701
T	Donnell Greene	641 Ridgewood Street	Altamonte Spring FL 32701
S	Alisa Casella	648 Ridgewood Street	Altamonte Spring FL 32701

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:

Lurenia Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-22-09

Date

Daytime Phone # 954-232-6362

Daytime Phone #

11/4a