

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAR 19 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05692

1. Corporation Name

FLORIDA ASSOCIATION OF PROFESSIONAL FAMILY MEDIATORS, INC.

000002467290-- 3
-03/24/98--01107--010
****358.75 ****358.75

Principal Place of Business

c/o Melvin A. Rubin
111 Majorca Avenue
Coral Gables, FL 33134

Mailing Address

SAME

REINSTATEMENT 96-98

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 Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

October 16, 1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2526792

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Janice M. Fleischer	801 Ortega Avenue	Coral Gables, FL 33134
P-Elect	Nancy T. Blanton	650 E. Baya Avenue	Lake City, FL 32025
T	Alan Kahn	18043 Lake Bend Drive	Jupiter, FL 33458
D	Charles Castagna	311 S. Missouri Avenue	Clearwater, FL 33756
D	Richard E. Doelker, Jr.	4555 Lavallet Lane	Pensacola, FL 32504
SEE ATTACHMENT FOR CONTINUATION OF DIRECTORS & OFFICERS			

8. Name and Address of Current Registered Agent

Melvin A. Rubin
111 Majorca Avenue
Coral Gables, FL 33134

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date

3/13/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Janice M. Fleischer 2/20/98 305/445-3721

CR2E000112-55

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**FLORIDA ASSOCIATION OF PROFESSIONAL
FAMILY MEDIATORS, INC.**

Continuation of Directors and Officers and Addresses:

Title	Name	Street Address	City, State, Zip
D	Robert Dulberg	International Place Suite 2100 100 S.E. 2nd Street	Miami, FL 33131
D	Laurie Pine Farber	12094 Old Country Road	Wellington, FL 33414
D	Diane Godard	The Crossings, Suite 514 28471 U.S. 19 North	Clearwater, FL 34621
D	Penny Levin	1414 Rose Court	Melbourne, FL 32935
D	Daniel K. Warner	4741 Atlantic Blvd. Suite C	Jacksonville, FL 32207
S	Narda Riese	2096 38th Avenue Suite 2	Vero Beach, FL 32960