

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07000002330

1. Corporation Name

Corporate Family Inc.

2. Principal Office Address

822 Hawthorne Dr.
Suite, Apt. #, etc.

3. Mailing Office Address

822 Hawthorne Dr.
Suite, Apt. #, etc.

City & State

Lake Park FL

Zip

33403

Country

City & State

Lake Park FL

Zip

33403

Country

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

5. FEI Number

010580130

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

Michael J. Henstey

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

822 Hawthorne Dr.

Suite, Apt. #, Etc.

City

Lake Park

State

FL

Zip Code

33403

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]

REGISTERED AGENT MUST SIGN

Date 11.06.05

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
PD	Michael J. Henstey	822 Hawthorne Dr.	Lake Park FL 33403

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

11.06.05 561.818.8937

Daytime Phone #

2/2

November 6, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Department of State,

This letter is in regards to the lapse in the Articles of Incorporations for The Corporate Family Inc. I, Michael J. Hensley the registered Agent, would like to apologize for not informing the state of a change in my physical address. As a result of this I did not receive any notices that were mailed causing an administrative dissolution. I am requesting that the Articles of Incorporation for the Corporate Family Inc. be reinstated. Please find a check enclosed for the reinstatement fee in the amount of \$300.00 along with the necessary forms.

Thank you in advance for your time and attention to this matter.

Sincerely,



Michael J. Hensley
Chief Executive Officer
The Corporate Family Inc.

MICHAEL J. HENSLEY
822 Hawthorne Drive
Lake Park FL 33403