

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JUL 16 P 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000005769

1. Corporation Name

Christian Children and Family Center, Inc

W1000032640

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

5805 Washington St

3. Mailing Office Address

5805 Washington St

Suite, Apt. #, etc.

Suite # 17

Suite, Apt. #, etc.

Suite # 17

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33023

Country

USA

Zip

33023

Country

USA

500183358155
07/16/10--01021--023 **61.25
7/9/10 01035 002 \$297.50
CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida **6/8/2007**

5. FEI Number
27-2986197

☐ 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

Fritz Gerald Seide

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

5805 Washington St

Suite, Apt. #, Etc.

Suite # 17

City

Hollywood

State

FL

Zip Code

33023

REINSTATEMENT
08-10

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

Fritz G. Seide

REGISTERED AGENT MUST SIGN

Date **7/07/10**

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
C/P	Fritz Gerald Seide	5805 Washington St	Hollywood, FL 33023
V/D	Catherine Marie Porter	5805 Washington St	Hollywood, FL 33023
IT/D	Kevin Farber	3600 Washington St	Hollywood, FL 33021
D	Dr Ryan Jackson, MD	601 S Mesa Hills Dr # 218	EL Paso, Texas 79912
T	Eddy Mesidor	133 Rte de Freres	Petion-Ville, Haiti
D	Carline Fong Joachim, Social Work	685 Shannon Rd	Longanville, Georgia 33052

10. E-mail Address: **fseide@ccf-center.org, cporter@ccf-center.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:

Fritz G. Seide

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/07/10

Date

954-740-0898

Daytime Phone #