PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

ARTICLES
AND
FILED

1997 DEC -1 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N19314

1. Corporation Name

THE ADOPTION CENTRE, INC.

Principal Place of Business	Mailing Address
110 N. ORLANDO AVENUE SUITE 5 MAITLAND FL 32751	110 N. ORLANDO AVENUE SUITE 5 MAITLAND FL 32751

REINSTATEMENT '97

SCC 12-1-97

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 Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: **02/18/1987**

5. FEI Number: **59-2795881** ☐ Applied For ☐ Not Applicable

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
D	AYTON, SANDY	327 DESOTO CIRCLE	ORLANDO FL 32804
D	BECK, MR. J	9240 SO. HWY. 17-92	MAITLAND FL
D	KLINE, MR. JAMES	2525 TUSCARORA TRAIL	MAITLAND FL 32751
~~D~~	~~ESPOSITA, MR. M~~	~~5512 LONG LAKE DRIVE~~	~~ORLANDO FL~~
D	DUDLEY, LARRY	998 LAKE DESTINY RD. .	ALTAMONTE SPRINGS FL 32714
D	BEERBOWER, KAREN	P.O. BOX 941301 N/A	MAITLAND FL 32751

8. Name and Address of Current Registered Agent

BOISSELLE, ROBERT E.
1550 DIXON ROAD
LONGWOOD FL 32779

9. Name and Address of New Registered Agent

Name: 300002367353--3
-12/09/97--01100--006
Street Address (P.O. Box Number is Not Acceptable): *****8.75 *****8.75
300002367353--3
Suite, Apt. #, Etc.: -12/09/97--01100--005
****236.25 ****236.25
City / State: FL / Zip Code

CR2E040 (8/97)

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: Robert E. Boisselle
REGISTERED AGENT MUST SIGN

Date: 11-18-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/97 (407) 644-4673
Date / Daytime Phone #