

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Sandra L. Matham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

①

98 NOV 30 AM 8:51

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N27060

1. Corporation Name

DADE COUNTY CHILDREN FOSTER CARE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 16-0021
 MIAMI FL 33116-7021

P O BOX 16-0021
 MIAMI FL 33116-7021

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

06/21/1988

5. FEI Number

65-0075583

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City & State, Zip
P	DADE COUNTY CHILDREN FOSTER CARE ASSOCIATION Rachel Ventura	10755 SW 17th Terrace 11020 SW 131 Ten	MIAMI FL 33176
T	DOLAN, WILLAM J	9935 NICARAGUA DR	MIAMI FL
D	JENKINS, SHAMELE	513 NW 93 STREET	MIAMI FL
D	JOHNSON, BARBARA	10850 SW 22ND STREET	MIAMI FL
D	Kitchen, John	14130 Van Buren St.	MIAMI, FL 33176

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~DOLAN, WILLIAM J~~
~~7735 NICARAGUA DR~~
~~MIAMI FL 33189~~

Name: Rachel Ventura
 Street Address (P.O. Box Number is Not Acceptable): 11020 SW 131 Ten
 Suite, Apt. #, Etc.:
 City: Miami

State: FL Zip Code: 33176

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

Rachel Ventura

REGISTERED AGENT MUST SIGN

Date: 11/24/98

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)(f), 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:

Rachel Ventura
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/24/98 (352) 278-9990

CR2040 (9/88)

11/24/98

(12)

Dear Sirs,

As per my conversation with your office today, we never received your correction request.

As per your instructions, I have made the required changes on the attached form and sent another check in the amount of \$61.25.

Thank you for your assistance in this matter.

Respectfully,

Richard Denture
President