

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

97 MAR 28 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 90-97

DOCUMENT # N 35704 90-97

1. Corporation Name

ADOPTION ALTERNATIVES, INC.

Principal Place of Business

Mailing Address

~~305 ORANGEWOOD LANE~~  
~~LARGO, FL 34640~~

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

4. Date Incorporated or Qualified  
To Do Business in Florida

mwB

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12-18-89

City & State

City & State

5. FEI Number

59-2980699

Applied For

Not Applicable

Zip

Country

Zip

Country

33701

USA

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	2	3	4
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
DIR	KATHIE T. ERWIN	25 Second Street North	St. Petersburg, FL 33701
DIR	BERT F. ERWIN	305 ORANGEWOOD LANE LARGO, FL 33770	LARGO, FL 33770
DIR	ANNETTE MARTINO	25 Second Street North #340 St. Petersburg, FL 33701	St. Petersburg, FL 33701

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-04/01/97--01069--011  
\*\*\*673.75 \*\*\*673.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KATHIE T. ERWIN, PAD  
25 Second Street North  
St. Petersburg, FL 33701

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

*Kathie T. Erwin, PAD*  
REGISTERED AGENT MUST SIGN

Date 3/26/97

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 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

KATHIE T. ERWIN, PAD

3/26/97

Date

813-894-5333

Daytime Phone #

CR20040 (12/86)