

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 14 PM 3:35

DOCUMENT # **N49806**

1. Corporation Name

FAMILY RESOURCE DEVELOPMENT CENTERS, INC.,

2. Principal Office Address

20401 NW 2 AVE

Suite, Apt. #, etc.

SUITE 207

City & State

MIAMI, FL

Zip

33169

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

01

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

5. FEI Number

65-0980877

☒ 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

PENNY MOORE

175.00-Adm

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

20401 NW 2 AVE.

61.25-AR

600004562948-0

Suite, Apt. #, Etc.

SUITE 207

8.75-Cut

-08/30/01-01008-002

******245.00 ****245.00**

City

MIAMI

State

FL

Zip Code

33169

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

Penny Moore

REGISTERED AGENT MUST SIGN

Date **8-10-01**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	ANNIE HORNE	20401 NW 2 AVE. #207	MIAMI, FL 33169
VP	CYNTHIA MOORE	20401 NW 2 AVE. #207	MIAMI, FL 33169
DT	VICTOR MARTIN	20401 NW 2 AVE. #207	MIAMI, FL 33169
S	BONCEAL BULLARD	20401 NW 2 AVE. #207	MIAMI, FL 33169
D	PENNY MOORE	20401 NW 2 AVE. #207	MIAMI, FL 33169

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:

Annie C. Horne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-01

Date

305-653-3277

Daytime Phone #