APPROVED AND FILED

97 NOV -3 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # N50086

1. Corporation Name

FRIENDS OF THE HOMELESS INCORPORATED

Principal Place of Business	Mailing Address
110 FAIRVIEW AVE. DAYTONA BEACH FL 32114	110 FAIRVIEW AVE. DAYTONA BEACH FL 32114

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: 07/28/1992

5. FEI Number: 59-3133761 ☐ 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
PD	PRAY, DANIEL T., SR.	110 FAIRVIEW AVE.	DAYTONA BEACH FL 32114
VPD	MICHAEL AGUSIO	12 N WILD OLIVE AVE., #8	DAYTONA BEACH FL 32118
TD	SHARP, MARY	379 BROADWAY	BAYONNE NJ 07002
SD	MORRISON, MIKE	864 BRYANT STREET	DAYTONA BCH FL
			100002339461---1 -11/05/97--01099--022 *****61.25 *****61.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PRAY, SR., DANIEL T 110 FAIRVIEW AVE. DAYTONA BEACH FL 32114	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: [signature] REGISTERED AGENT MUST SIGN Date 10/29/97

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: [signature] 10/29/97 (908) 226-0145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (9/97)