

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
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  
US

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

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	PRAY, DANIEL T SR	157 S MADISON DR	NEW JERSEY S PLAINFIELD NJ 07080
VPD	AGUSTO, MICHAEL	81 N WILD OLIVE AVE #8	DAYTONA BEACH FL 32118
TD	SHARP, MARY	379 BROADWAY	BAYONNE NJ 07002
SD	TODD MEASMAN	70 W FRANCIS ST	ISELIN WA 98830
SD	Nancy Van Oossanen	310 Paterson Plank Rd	Jersey City, N.J 07307

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PRAY, DANIEL T SR  
110 FAIRVIEW AVE.  
DAYTONA BEACH FL 32114

Name

REINSTATEMENT 99

Suite, Apt. #, Etc.

City

800003078768--5

-12/23/99--01006--009

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FL

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 10/18/99

11. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/99 908-226-0145

Daytime Phone #