

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR -3 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N012000000420**

1. Corporation Name

Friends of Children Youth and Families, Inc.

2. Principal Office Address

5975 W. Sunrise Boulevard

Suite, Apt. #, etc.

Suite 208-A

City & State

Sunrise, Florida

Zip

33313

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11-1992

5. FEI Number 65-0376540

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

Mary McDonald-Wilson

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

6471 Kimberly Blvd

Suite, Apt. #, Etc.

City

North Lauderdale

State
FL

Zip Code

33069

LS

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

REGISTERED AGENT MUST SIGN

Date **3/31/00**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Chair	Jerome Symonette	Mt. Bethel Baptist Church -- 901 NW 11, Avenue	Ft. Lauderdale, Fl 33311
1st VC	Norbert Williams	5400 NW 64th Terrace	Lauderhill, Fl 33319
2nd VC	Roland Benson	N. Broward Hospital District 303 SE 17th Street	Ft. Lauderdale, Fl 33316
Treasu.	Linda Peterson	VP First University First Union 1950 W. Hillsboro Blvd 1st Fl.	Deerfield Beach, Fl 33442
Sec.	JoAnn Gibson	16430 NW 20th Avenue	Miami, Fl 33054
Legal Cncl.	Levi Williams	FERTIG & GAMBLING, /P.A. 200 SE 13th Street	Ft. Lauderdale, Fl 33313

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)