

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 # N93000002518

1. Corporation Name

CHILD SUPPORT, INC.

Principal Place of Business

6535 WINKLER RD  
FT MYERS FL 33919

Mailing Address

6535 WINKLER RD  
FT MYERS FL 33919

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

REINSTATEMENT 96

4. Date Incorporated or Qualified  
To Do Business in Florida

06/04/1993

5. FEI Number

65-0033542

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
D	HAWLEY, LINDA D	6535 WINKLER RD	FT MYERS FL 33919
D	HAWLEY, MARTIN E	6535 WINKLER RD	FT MYERS FL 33919
<del>D</del>	<del>HAWLEY, PHILLIP E</del>	<del>6535 WINKLER RD</del>	<del>FT MYERS FL 33919</del>
D	Hawley, Phillip E	6535 Winkler Road	Ft. Myers, FL 33919
			200002024772--0 -12/10/96--01100--011 ****175.00 ****175.00
			B12-6-96

8. Name and Address of Current Registered Agent

HAWLEY, MARTIN E  
6535 WINKLER RD  
FT MYERS FL 33919

9. Name and Address of New Registered Agent

Name

200002024772--0

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10-8-96

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 REQUIRED  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/96

Date

941-478-3555

Daytime Phone #