
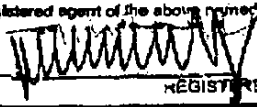



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | | | | |
|---|-----------------------------------|--|---------------------------------|---|--|
| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | FILED 11040002440313 DIVISION OF CORPORATIONS 04 DEC 13 AM 5:24 | |
| DOCUMENT # N93000005099 1. Corporation Name <p style="text-align: center; font-size: 1.2em;">THE FAMILIES' CHARITY OF BROWARD, INC.</p> | | | | | |
| 2. Principal Office Address 6037 KIMBERLY BLVD Suite, Apt. #, etc. | | 3. Mailing Office Address 6037 KIMBERLY BLVD Suite, Apt. #, etc. | | REINSTATEMENT 0304 4. Date incorporated or Qualified To Do Business in Florida 5. FEI Number 65-0445683 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$0.75 Additional fee required for a Certificate of Status | |
| City & State N. LAUDERDALE | | City & State N. LAUDERDALE | | | |
| Zip 33068 | Country USA | Zip 33068 | Country USA | | |
| 7. Name and Address of Current Registered Agent Name WOLF, MICHAEL H P.A. Street Address (P.O. Box Number is Not Acceptable) 3832 N UNIVERSITY DRIVE Suite, Apt. #, Etc. City SUNRISE State FL Zip Code 33351 | | | | | |
| 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  WOLF, MICHAEL H P.A. Date 12-08-2004 REGISTERED AGENT MUST SIGN | | | | | |
| 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 | | |
| P, VP, T, D | CATHY PETAKOS | 2031 Nw 100th Ave | Pembroke Pines, FL 33024-1428 | | |
| D | JOSEPH TORCHIO | 824 NE 18TH ST | FT. LAUDERDALE, FL 33305-3804 | | |
| D | ALICE PETAKOS | 851 Sw 66th Ave | North Lauderdale, FL 33068-2660 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 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:  | | 954 457 7781 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | | | |

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11040002440313

DATE: Monday, December 13, 2004

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: CATHY PETAKOS
THE FAMILIES' CHARITY OF BROWARD, INC.

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY
MAIL. 2003

PLEASE FILE OUR ANNUAL REPORT AND DO NOT CHARGE THE PENALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 954-557-6721.

THANKS,

X 

CATHY PETAKOS, President, Vice President, Treasurer & Director
THE FAMILIES' CHARITY OF BROWARD, INC.

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

CORPORATION REINSTATEMENT

THE FAMILIES' CHARITY OF BROWARD, INC.

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
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