

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 DEC 11 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005197

1. Corporation Name

THE FLORIDA FEDERATION OF FAMILIES FOR CHILDREN
'S MENTAL HEALTH, INC.

Principal Place of Business

3927 SPRING CREEK HWY
CRAWFORDVILLE FL 32327
US

Mailing Address

3927 SPRING CREEK HWY
CRAWFORDVILLE FL 32327
US

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.

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1993

5. FEI Number

59-3193970

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	WELLS, CONNI	3927 SPRING CREEK WAY	CRAWFORDVILLE FL
D	HUDSON, SANDRA	8413 LENOVA LANE	TALLAHASSEE FL
SD	JESSUP, MARGIE	509 E. MAGNOLIA #H127	TALLAHASSEE FL
TD	FOUTZ, JOAN	2389 GREGORY LANE	TALLAHASSEE FL 32303
VD	SCHILB, WANDA	2537 SHADOWOOD DR	TALLAHASSEE FL
D	MOSS, KATHY	3853 ROBERTS AVENUE	TALLAHASSEE FL 32310

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EIDSON, ANDREA
3252 ALBERT DRIVE
TALLAHASSEE FL 32308

Name

Conni Wells

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

3927 Spring Creek Hwy.

Suite, Apt. #, Etc.

City

Crawfordville

900002374559--0

-12/17/97

State 0103 Code 005

***238 FL 32327.25

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

Conni Wells

REGISTERED AGENT MUST SIGN

Date 11/23/97

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Conni J. Wells

11/23/97

Date

(850) 487-1542

Daytime Phone #

CR25040 (8/97)