

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
STATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 OCT 17 PM 3:25

RECEIVED  
DATE  
FILED

JMENT # N94000001951

ation Name

e Rose Marie Bryon Children's Center, Inc.

300060692613  
10/18/05--01007--005 \*\*358.75

CR2E081 (8/05)

Principal Office Address 5 South Street		3. Mailing Office Address Same	
pt. #, etc.		Suite, Apt. #, etc.	
State Daytona Beach, FL		City & State	
32114	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida		04/18/94	
5. FEI Number 23-7073929		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

**7. Name and Address of Current Registered Agent**

Name Jennifer Dash	
Street Address (P.O. Box Number is Not Acceptable) 625 South Street	
Suite, Apt. #, Etc.	
City Daytona Beach	State FL
	Zip Code 32114

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10-10-05

**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	Dr. Samuel Black	728 Pelican Bay Dr.	Daytona Beach, FL 32117
VP	Bernard Smith	144 Reed Rd.	S. Daytona, FL 32119
TR	Jennifer Dash	722 Orchard Ave.	Daytona Beach, FL 32120
SEC	Denise Innerst	640 Marion St.	Daytona Beach, FL 32114

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-05

Date

384 253-9798

Daytime Phone #