

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 # **N94000004907**

1. Corporation Name

FAMILY TO FAMILY C.A.R.E.S NETWORK, INC.

FILED

97 DEC -4 PM 12:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**4823 S.W. 20TH STREET
HOLLYWOOD FL 33023**

Mailing Address

**4823 S.W. 20TH STREET
HOLLYWOOD FL 33023**



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

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0520629

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	KENDRICK, EVELYN	4823 S.W. 20TH STREET	HOLLYWOOD FL 33023
VP	WALKER, CATHERINE	2523 NW 6TH ST BOX 143	FT. LAUDERDALE FL 33311
T	KENDRICK, THELMA	2710 NW 25TH AVE.	FT. LAUDERDALE FL 33311
VP	JACKSON, DIANE	1529 NW 6TH AVE.	FT. LAUDERDALE FL 33311
D	FENCHER, ELOISE	1821 NW 33RD TERR.	FT. LAUDERDALE FL 33311
S	WILLIAMS, EDNA	4061 NW 30TH TERR. #1	LAUDERDALE LAKES FL 33309

8. Name and Address of Current Registered Agent

**KENDRICK, EVELYN W
4823 S.W. 20TH STREET
HOLLYWOOD FL 33023**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

700002369907---0

-12/11/97-01036-007

*******236.25 *****236.25**

State Zip Code

FL

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

Evelyn Kendrick
REGISTERED AGENT MUST SIGN

Date **10.30.97**

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:

Thelma R. Kendrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-7-97

Date

(954) 462-0255

Daytime Phone #