

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

18192

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 23 PM 12: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004907

1. Corporation Name

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

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.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-0520629

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KENDRICK, EVELYN	4823 S.W. 20TH STREET	HOLLYWOOD FL 33023
VP	WALKER, CATHERINE	2523 NW 6TH ST BOX 143	FT. LAUDERDALE FL 33311
ST	KENDRICK, THELMA	2710 NW 25TH AVE.	FT. LAUDERDALE FL 33311
P	JACKSON, DIANE	1529 N.W. 6TH AVENUE	FT. LAUDERDALE FL 33311
D	FENCHER, ELOISE	1821 NW 33RD TERR.	FT. LAUDERDALE FL 33311
			700003952397-5 -04/03/01--01020--024 ****122.50 ****122.50

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

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

Emelyn Kendrick
REGISTERED AGENT MUST SIGN

Date 3-14-2001

11. 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

THELMA R. KENDRICK

Date

3-14-2001

Daytime Phone #

(954)
462-0255

CR2E040 (800)

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Family to Family C.A.R.E.S. Network, Inc.
4823 Southwest 20th Street
Hollywood, Florida 33023-3201

Florida Department of State
Division of Corporations
P. O. Box 6237
Tallahassee, Florida 32314

March 16, 2001

To Whom It May Concern:

With reference to 'The Network,' please accept the enclosed check in the amount of one hundred twenty-two dollars and fifty cents (\$122.50) as our payment for reinstatement. Unfortunately, we did not receive any correspondence or application for the year 2000 prior to receiving the notice of administrative dissolution or revocation.

Please direct any questions or inquiries to the secretary/treasurer, Thelma R. Kendrick, via telephone, (954) 484-4695 (evening), or 954-462-0255. Further written correspondence may be directed to the director, Mrs. Evelyn K. Kendrick, at the above address.

Thank you for your consideration and cooperation in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Thelma R. Kendrick". The signature is written in black ink and is positioned above the typed name and title.

Thelma R. Kendrick
Secretary/treasurer