_ PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS								FILED 06 DEC 21 PM 4: 01		
DOCUMENT # N9400005715 1. Corporation Name							FALLARA LE, FLORIDA			
Florida Association of Support Coordinators										
2. Principal Office Address c/o Advocates for Opportunity, Inc 1333 S. University Drive Same a					ffice Address as principal office				CR2E081 (12/05) 03-	06
Suite, Apt. #, Suite, Apt. #,					etc.			Date Incorporated or Qualified To Do Business in Florida 1994		
City & State City & State								5. FFI Number 650553183 Applied For Not Applicable		
33324	4 Broward			. Zip		Country		6.	OF STATUS DESIRED \$8.75 Additiona for a Certifica	
7. Name and Address of Current Registered Agent										
beborah W Kahn										
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	Suite 206									
	Plantation, FL								FL 33324	
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 REGISTERED AGENT MUST SIGN										
9. Names	and Street Ac	dresses o	of Each Officer and	Vor Director (Flo	rida nonpro	fit corporations must	list at lea	ast 3 directors)		
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City / State / Zip	
Ch/D	David Alexander				820 Australian St				Merritt Island, FL 32953	
VC/D	Rebecca Marks				13902 North Dale Mabry Highway			Highway	Tampa, FL 33618-2415	
S/D	Martha Pumphrey				13879 Intracoastal Sound Dr			ound Dr	Jacksonville FL 32224	
T/D	Lorraine Symon				c/o Advocates for Opportunity, Inc. 1333 S. University Drive, Suite 206				Plantation, FL 33324	
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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 contained in Chapter 119, 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 TYPEOGRAPRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Desymme Phone #										