

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1997 APR 23 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94-000006227

1. Corporation Name **Foster Parenting, Inc.**

Principal Place of Business Mailing Address
682 San Pablo Ave. **Same**
Casselberry, FL 32707

W97-8053

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 12/19/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

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	Mervin D. Henning	676 Osceola Ave.	Winter Park, FL 32789
D	Joseph E. Regner, Jr.	2935 Fitzooth Dr.	Winter Park, FL 32792
D	Eugene Minietta	1423 Esenada Ave.	Orlando, FL 32825
D	Robert Harvey	4309 Roanne Dr.	Orlando, FL 32817
D	James L. Consider	682 San Pablo Ave.	Casselberry, FL 32707

8. Name and Address of Current Registered Agent

James L. Consider
682 San Pablo Ave.
Casselberry, FL 32707

REINSTATEMENT

Name _____

Street Address (P.O. Box Number is Not Acceptable) **400002158054-9**

Suite, Apt. #, Etc. **-04/29/97-01052-009**

City _____ State **FL** Zip Code _____

****175.00 ****175.00

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

James L. Consider

REGISTERED AGENT MUST SIGN

400002158054-9
Date **04/29/97-01052-010**
****192.50 ****192.50

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

James L. Consider

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97

Date

(407)339-4877

Daytime Phone #

CR2E040 (12/95)