

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 30 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000107

1. Corporation Name

Families in Distress

2. Principal Office Address

1200 NW 13th St.

3. Mailing Office Address

same

Suite, Apt. #, etc.

102 E

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

City & State

Florida

Zip

33486

Country

Palm Beach

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/4/1995

5. FEI Number

105-0546067

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Milagros Cruz

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

1200 NW 13th St.

Suite, Apt. #, Etc.

102 E

City

Boca Raton

State

FL

Zip Code

33486

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

Milagros Cruz

REGISTERED AGENT MUST SIGN

Date

01/22/04

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
D	MARC W. BLAZAR	6743 NEWPORT LAKE CIRCLE	BOCA RATON, FL 33496
D	Milagros Cruz	1200 NW 13 th St. # 102 E	Boca Raton, FL 33486
D	Daniel Burton	1200 NW 13 th St. # 102 E	Boca Raton, FL 33486

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #