

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 15 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 1495000000905

1. Corporation Name

Family Approach To Child  
Enrichment Inc.

2. Principal Office Address

457 Sawtooth Lane  
Suite, Apt. #, etc. McDonough GA

3. Mailing Office Address

467 Sawtooth Lane

Suite, Apt. #, etc.

City & State

McDonough

City & State

GA

Zip

30253

Country

US

Zip

30253

Country

US

**REINSTATEMENT 03**

4. Date Incorporated or Qualified  
To Do Business in Florida

2/23/95

5. FEI Number

58-5236020

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Franklin Beckwith

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

1560 N.W. 56th Terrace

Suite, Apt. #, Etc.

City

Miami, Florida

State

FL

Zip Code

33142

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

Franklin P. Beckwith

Date 10/29/03

REGISTERED AGENT MUST SIGN

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
<u>CEO</u>	<u>Laura T. Bethel</u>	<u>467 Sawtooth Lane</u>	<u>McDonough Ga. 30253</u>
<u>P</u>	<u>Roderick Johnson</u>	<u>6877 Bells Landing Circle</u>	<u>Rex Ga. 30223</u>
<u>T</u>	<u>Ophelia Burroughs</u>	<u>4545 Montego Ct</u>	<u>Riverdale Ga. 30274</u>
<u>D</u>	<u>Celeste Johnson</u>	<u>6877 Bells Landing Circle</u>	<u>Rex Ga. 30223</u>
<u>D</u>	<u>Eugene Burroughs</u>	<u>4545 Montego Court</u>	<u>Riverdale Ga. 30274</u>

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:

Laura T. Bethel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/03

Date

678432-2912

Daytime Phone #

CR2E081 (10/02)