PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 96 REINSTATEMENT

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

APPROVED AND FILED
96 NOV -5 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000002772(0)

1 Corporation Name
DOMESTIC VIOLENCE TASK FORCE, INC.

Principal Place of Business
P. O. Box 4596
Ft. Pierce, FL
34948-4596 (USA)

Mailing Address
P. O. Box 4596
Ft. Pierce, FL
34948-4596 (USA)

600001998486--7
-11/07/96--01015--003
****236.25 ****236.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida
6-13-95

5. FEI Number
65-0552589
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required

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
PD	BLEYMAN, REBECCA	P.O. BOX 4596 (N/A)	FT. PIERCE, FL 34948-4596
VD	COY, JOANNE	P.O. BOX 4596 (N/A)	FT. PIERCE, FL 34948-4596
SD	PARK, LYNN	P.O. BOX 4596 (N/A)	FT. PIERCE, FL 34948-4596
T	ROBINSON, NOLLIE	P.O. BOX 4596 (N/A)	FT. PIERCE, FL 34948-4596

REINSTATEMENT 1996 A. Law

8. Name and Address of Current Registered Agent
THE LAW FIRM OF LAWRENCE J. SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

9. Name and Address of New Registered Agent
11-5-96
Name: AmeriLawyer
Street Address (P.O. Box Number is Not Acceptable): 343 Almeria Avenue
Suite, Apt. #, Etc.:
City: Coral Gables | State: FL | Zip Code: 33134

CR2E040 (1-95)

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 By: AMERILAWYER CHARTERED
Natalie Streeter, Vice President
REGISTERED AGENT SIGN
Date 4 November 1996

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: REBECCA BLEYMAN 9-15-96 (407)465-8530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #