

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -5 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NA5000003574**
1. Corporation Name **Spaulding's Intake & Referral Agency Inc**

REINSTATEMENT 02-04

2. Principal Office Address
4426 Givernary Blvd

Suite, Apt. #, etc.
Maen FL

City & State
Lauderhill FL

Zip
33319

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State
Florida

Zip Country

200027119172
01/16/04--01065--021 **367.50

4. Date Incorporated or Qualified
To Do Business in Florida

7-31-95

5. FEI Number
050598953

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
Veneta Burrill

Street Address (P.O. Box Number is Not Acceptable)
3301 South Turf Rd

Suite, Apt. #, Etc.

City
McNemar

200027119172
02/04/04--01055--001 **61.75

200027119172
02/04/04--01055--001 **61.75
FL 33025

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

V Burrill MSW

Date **1-9-04**

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
Director	Celia Carl Director	921 Sevilla circle	Wilton FL 33376
VSD Director	Anthony D. Doyle VSD	8688 NW 27th St	Coral Springs 33065
Director	Barrington Russell	4040 NW 47 Terrace	Lauderdale Lakes FL 33319
J.R.	Carl Edwards TR	4444 Givernary Blvd	Lauderhill FL 33319
Director	Arc Miller	8966 Shawwood Blvd	Coral Springs FL 33071

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:

Burrill MSW VENETA BURRILL

1-9-04

954727-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

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