


APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NA6 000004811

1. Corporation Name
TEEN PREGNANCY Prevention Ctr, Inc
NA6 000004813

Principal Place of Business
2135 N.W 52nd STREET Unit-G
Miami, FL 33142

Mailing Address

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

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

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

4. Date Incorporated or Qualified To Do Business in Florida
10/95

5. FEI Number
65-0612181

6. CERTIFICATE OF STATUS DESIRED ☒ **\$8.75 Additional Fee required for a Certificate of Status**
☐ Applied For
☐ Not Applicable

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Secy	Gwen Cooper	2135 NW 52 nd Unit G	Miami FL 33142
Pres.	Kalenthia Nunnally	2135 NW 52 nd Unit G	Miami FL 33142
Treas	Elouise Lyons	2135 NW 52 nd Unit G	Miami FL 33142
T	MARY Diejuste	5835 SW 62 nd Terr	Miami FL 33143
D	Lori Newkirk	2415 NW 50 th #A	Miami FL 33140

8. Name and Address of Current Registered Agent
Nunnally, Kalenthia
2135 NW 52nd Unit-G
Miami, FL 33142

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
300002854213--9
04/27/99--01098--011
****428.75
FL

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 Kalenthia Nunnally
REGISTERED AGENT MUST SIGN
Date 3/17/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.
Yes ☐ No ☐

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: Kalenthia Nunnally
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kalenthia Nunnally

3/17/99 (905) 638-6322
Date Daytime Phone #