

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

01 JUN -1 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N 9500004811**

1. Corporation Name

Teen Pregnancy Prevention Center, Inc.

2. Principal Office Address

2135 NW 52nd Street

Suite, Apt. #, etc.

Unit 6

City & State

Miami, FL

Zip

33142

Country

United States

3. Mailing Office Address

SAR

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/11/1995

5. FEI Number

65-0612181

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

Joseph Paul

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

524A POPE STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32304

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

Joseph Paul

REGISTERED AGENT MUST SIGN

Date

6/1/01

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
PD	Kalenthia Nunnally	5835 sw 62 nd terrace	Miami, FL 33142
VPD	Gary Feldmann	6700 NW 17 th Avenue #1	Miami, FL 33147
ST	Gwen Cooper	2349 NW 47 th street	Miami, FL 33147
S	Mark Diejuste	5920 SW 67 th street	Miami, FL 33143
S	Shawn Ponton	1090 NW 110 th street	Miami, FL 33025
T	JOSEPH PAUL	524A POPE STREET	TALLAHASSEE, FL, 32304

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:

Joseph Paul

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/01

Date

(850) 644-1811

Daytime Phone #

CR2E081 (9/00)