		PLEASE READ	ALL INS	TRUCTION	<u>ONS BEFORE (</u>	COMPLET	ING THIS FOR	RM.	
)	API	PLICATION AND AND AND AND AND AND AND AND AND AN	FLORID	FLORIDA DEPARTMENT OF STATE		· *	VENTAL TO THE		
	}	FOR		Sandra B	. Mortham				
	REINSTATEMENT			Secretary of State			The N. Chapter Line Land		
	KEIIV	REINSTATEIVIENT			/ISION OF CORPORATIONS		31 AM 10: 48)	
	DOCUMENT # N9600000424						So HILIO-BC)	
	1. Corporation Name					SECRE	TARY OF STATE	•	
	NATIONAL CONGRESS FOR FATHERS & CHILDRENFLORI DA CHAPTER, INC.					TALLAH	TARY OF STATE ASSEE, FLORIDA		
	•								
			•			1 (43)5(3) 3)	S (Stip Still Sala) Sala) divid s	FII) 8831 8611 61918 1191 FIFT 1881	
	215 SOUTH SUITE 600	MONROE STREET	E BOX 15575						
	SUITE 600 TALLAHASSEE FL 32317 TALLAHASSEE FL 32301						8 (8) 10 O) 61 11 11 12 13 14 15 16 16 16 16 16 16 16		
							etatemi		
		ve addresses are incorrect in any way, line through incorrect info Principal Office Address, if Applicable 3. New Mailing			formation and enter correction below. ng Office Address, If Applicable) im i frime	- 141	- -
	2. New Pil	z. New Principal Office Address, it Applicable		3. New Maining Office Address, if Applicable		4. Date Incorp To Do Busi	orated or Qualified ness in Florida	04/04/4006	
	Suite, Apt. #, etc. Suite, Apt. # City & State City & State			, etc.		5. FEI Number Applied For Not Applied For			\dashv
				9					
	Tri-			Zip Country		6.			W-3-
	Žip	Zip Country			Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
	7. Names	and Street Addresses of Each Officer and	/or Director (Flo	orida nonprofit	corporations must list at lea	st 3 directors)			
	Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director	1	Cit	ty / State / Zip	\Box	
	1			3 (Do N	Officer and/or Director OT Use Post Office Box Nu 215 S. Monroe	ımbers)	4	on, care care	
dp.	PITA	P/TD Robert A. Mc Neely			4.0. BOX Ste 600		TALLAHASSEE FL ;	, 32301	
1-31-	Tomothy S. Taylor PEPPERS, ELVA Cynthia A. M. Neely P.			P:0: BOX-	P.O. BOX 15575 2326 Mys		TALLAHASSEE FL Sarasota, FL 34232		
) 				P.O. BOX	15575 2014 W. 1				_
Y.		D. N. JANIAR THATHY'S ROBERT Zeller DA ROY 1553				Terr.			
آ پز	- D D	TATEORY TIMOTHY O.			P.O. BOX 15575 150 17479		FL 33708		_
<u>[</u> 2	-D D SPENCER, ANN_ Richard Polkowski P.O			P-O- BOX	P.O. BOX 15575 2482 36 A		TALLAHASSEE FL /FZ 337/3		
ړ	-D D	D DEDOMINICIS, MELINDA Bruce Checke							\dashv
<u></u> 当	- 4e			5te 600					
F	8. Name and Address of Current Registered Agent Name MCNEELY, ROBERT A ESQ. Street					Name and Address of New Registered Agent			
-						NA .			
Î		OUTH MONROE STREET		Street Address (P	Street Address (P.O. Box Number is Not Acceptable)				
	SUITE			Suite, Apt. #, Etc.	Sulte, Apt. #, Etc. 100027336014 City -01/07/98tate) [4999ee-013]				
		HASSEE FL 32301		City					
		*		City					
Ī	10. I, being	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 o								
Registered Agent Pate Agent Registered A								-//-	-
								er side for information	
.	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 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., the 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.								đ
	SIGNATURE: 12/30/98 850/222-2107							850/222-2107	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR / Date Daytime Phone #									