

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 19 PM 7:07

DOCUMENT # **N96000004611**

1. Corporation Name

FLORIDA APPLESEED CENTER FOR LAW AND JUSTICE, IN C.

Principal Place of Business

1550 MADRUGO AVENUE, SUITE #325
CORAL GABLES FL 33146

Mailing Address

1550 MADRUGO AVENUE, SUITE #325
CORAL GABLES FL 33146



REINSTATEMENT 01

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

2. New Principal Office Address, If Applicable

1550 Madrug Ave

Suite, Apt. #, etc.

Suite 320

City & State

Coral Gables FL

Zip

33146

Country

USA

3. New Mailing Office Address, If Applicable

1550 Madrug Ave

Suite, Apt. #, etc.

Suite 320

City & State

Coral Gables FL

Zip

33146

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/1996

5. FEI Number

65-0719038

Applied For

Not Applicable

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 (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	4 City / State / Zip
D	THOMSON, PARKER D	ONE SOUTHEAST THIRD AVENUE, 17TH	MIAMI FL 33131
D	BESVINICK, LAURA	ONE BISCAYNE TOWER, #1500, 2 S B	MIAMI FL 33131
D	MANNING, ELLIOTT	7605 S.W. 126TH STREET	MIAMI FL 33156
D	BARKIN, MARVIN E MR.	2700 BARNETT PLAZA	TAMPA FL
D	BASS, HILARIE M	1221 BRICKELL AVE.	MIAMI FL
			7000004669777--0 -11/06/01--01085-013 ****245.00 ****245.00

8. Name and Address of Current Registered Agent

GERSTEIN, JACQUELINE G
C/O JACQUELINE G. GERSTEIN
1550 MADRUGO AVENUE, SUITE #325
CORAL GABLES FL 33146

9. Name and Address of New Registered Agent

Name

Jacqueline Gerstein

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

1550 Madrug Ave

Suite, Apt. #, Etc.

Suite 320

City

Coral Gables

State

FL

Zip Code

33146

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

J. Gerstein

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/17/01

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/01 335 284-2961

Daytime Phone #

CR2040 (8/01)