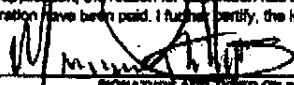


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000005110			
1. Corporation Name FAMILY SUPPORT LIFE MANAGEMENT SERVICE INC.			
2. Principal Office Address - No P.O. Box # 1550 NW 110TH AVE Suite, Apt. #, etc. 349 City & State PLANTATION FL Zip 33322	3. Mailing Office Address 1550 NW 110TH AVE Suite, Apt. #, etc. 349 City & State PLANTATION FL Zip 33322	FILED 10 APR 16 PM 4:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA 400192803104 REINSTATEMENT CR2E081 (11/09) 1997-2010 JFM J116	
7. Name and Address of Current Registered Agent Name MAURICE PATRICK PHILLIPS Street Address (P.O. Box Number is Not Acceptable) 1550 NW 110TH AVE Suite, Apt. #, Etc. 349 City PLANTATION		4. Date Incorporated or Qualified To Do Business in Florida 10/4/1996 5. FEI Number 65-0726567 6. CERTIFICATE OF STATUS DESIRED ☐	
B. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S. Signature of Registered Agent  REGISTERED AGENT MUST SIGN		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofits 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
D	MAURICE PATRICK PHILLIPS	1550 NW 110TH AVE	PLANTATION FL 33322
VP	TIMOTHY MOSLEY	1550 NW 110TH AVE	PLANTATION FL 33322
VP	ANDRE SAWYER	1523 NW 23RD AVE	FT. LAUDERDALE FL 33311
VP	SHANIKA MOSLEY	1523 NW 23RD AVE	FT. LAUDERDALE FL 33311
10. E-mail Address: MYPHILL@COMCAST.NET			
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. I further certify, 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: 		MAURICE PATRICK PHILLIPS 4/16/2010 9549372751	

3/22/10 01059 016- 500.
 3/22/10 01059 017- 500.
 3/22/10 01059 014- 32.50
 04/09/10 01033 022- 2.50