PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR 16 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400172803104

REINSTATEMENT

CR2E081 (11/09)

1997-2010

DOCUMENT # N96000005110

1. Corporation Name

FAMILY SUPPORT LIFE MANAGEMENT SERVICE INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1550 NW 110TH AVE	1550 NW 110TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
349	349
City & State	City & State
PLANTATION FL	PLANTATION FL
Zip / Country	Zip / Country
33322 / BROWARD	33322 / BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: 10/4/1996

5. FEI Number: 65-0726567 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 State: FL Zip Code: 33322

☐ 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.

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: [signature] Date: 4/16/2010
REGISTERED AGENT MUST SIGN

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
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.IAUDERDALE FL 33311
VP	SHANIKA MOSLEY	1523 NW 23RD AVE	FT.LAUDERDALE FL 33311

10. E-mail Address: MYPHILLI@COMCAST.NET
(To be used for future annual report notification)

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: [signature] MAURICE PATRICK PHILLIPS 4/16/2010 9549372751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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