

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000005771**

1. Corporation Name

CENTER FOR COUPLES AND FAMILY DEVELOPMENT, INC.

Principal Place of Business

1031 NW 6TH STREET
SUITE C-2
GAINESVILLE FL 32601

Mailing Address

1031 NW 6TH STREET
SUITE C-2
GAINESVILLE FL 32601

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/1996

5. FEI Number

59-3415587

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	NAZARIO, ANDRES	2110 SW 88TH STREET	GAINESVILLE FL 32607
V/D	MARQUEZ, MARTHA G	5700 NW 57TH WAY	GAINESVILLE FL 32653
S/D	EARLY, GINA	RT 2 BOX 342	MICANOPY FL 32667
D	PICADO, SUSANA	312 NW 23RD AVE	GAINESVILLE FL 32607
D	GREENHUT, GAIL	5610 NW 32ND STREET	GAINESVILLE FL 32653
D	BROWN, IRVIN	7218 SW 99TH STREET	OCALA FL 34476

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NAZARIO, ANDRES JR
2110 SW 88TH STREET
GAINESVILLE FL 32607

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Andres Nazario Jr
REGISTERED AGENT MUST SIGN

Date

10/27/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

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 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:

Andres Nazario Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDRES NAZARIO JR

10/27/97

Date

352 376 5543

Daytime Phone #

FILED
97 OCT 27 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10/28

CRF040 (8/97)