

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR -7 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 98000000862

1. Corporation Name

NEW DIMENSIONS FAMILY SERVICES, INC.
CHANGED TO: RIZPAH FAMILY SERVICES, INC.

2. Principal Office Address

1550 N. Federal Hwy

Suite, Apt. #, etc.

#14

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Baynton Beach FL

City & State

FL

Zip

33435

Country

USA

Zip

33435

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/12/98

5. FEI Number

65-0809631

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SHIRLEY ROBERTSON

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

1550 N. Federal Highway #14

Suite, Apt. #, Etc.

Baynton Beach

City

State
FL

Zip Code

33435

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

Shirley Robertson
(REGISTERED AGENT MUST SIGN)

Date

3/5/03

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
<u>CHA</u>	<u>ROMAINE MARTIN SEMEREA</u>	<u>7507 Greenlake Way, B</u> <u>Baynton Beach, FL</u>	<u>33435</u>
<u>PD</u>	<u>SHIRLEY ROBERTSON</u>	<u>400 E TROPICAL WAY, PLANTATION</u>	<u>FL 33319</u>
<u>D</u>	<u>ROAN FAULKNER</u>	<u>10303 WINSTEAD COURT, WOODSTOCK, MD</u>	<u>21163</u>

10. 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:

Reynold L. L. Chairman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/5/03

Daytime Phone #

561-736-3363

CR2E081 (10/02)