

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -7 AM 8:00

DOCUMENT # NA8000000931

1. Corporation Name

Compassionate Families, Inc.

2. Principal Office Address
218 N. Broad Street

3. Mailing Office Address
218 N. Broad Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

Zip Country
32202 USA

Zip Country
32202 USA

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida February 16, 1998

5. FEI Number
59 3504148

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
Richard G. Mitchell

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

Suite, Apt. #, Etc.

City
Jacksonville

State Zip Code
FL 32211

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]

REGISTERED AGENT MUST SIGN

Date 5 May 2004

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
C	Kimberly Stout	7044 Swamp Flower Dr. N.	Jacksonville, FL 32244
VC	Shelia Clifton Delongis	12254 Palmetto Place	Sanderson, FL 32087
S	Debra Lewis	7751 Rushmore Court	Jacksonville, FL 32244
T	Belinda Rippie	7565 Fawn Lake Dr. S.	Jacksonville, FL 32256
D	Jim Kowalski	4925 Beach Boulevard	Jacksonville, FL 32207
D	Glen Mitchell	108 Janelle Lane	Jacksonville, FL 32211

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:

[Signature] R. GLEN MITCHELL

5 May 2004

904/396-9665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)