

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC -5 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000002028**

1. Corporation Name
FAMILY ALLIANCE SUPPORT SERVICE, INC.
6415 NORTH PEARL STREET

2. Principal Office Address 6415 N. PEARL ST		3. Mailing Office Address 6415 N. PEARL ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE		City & State JACKSONVILLE, FL	
Zip 32208	Country DUVAL	Zip 32208	Country DUVAL

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida **1998**

5. FEI Number ☒ 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 **Lewis Robinson** **300003509513-9**

Street Address (P.O. Box Number is Not Acceptable) **461 SUMMER ST** **12/21/00-01002-021**

Suite, Apt. #, Etc. **LS** ******297.50 ****297.50**

City **JACKSONVILLE** State **FL** Zip Code **32254**

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 **Lewis Robinson**
REGISTERED AGENT MUST SIGN

Date **11-24-2000**

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
P/D	VICTOR BRINKLEY	11780 MAILLARD LANE	JAX, FL 32218
V/D	CHARLES FREEMAN	2456 ELLINGTON AVE	JAX, FL 32209
S/D	DEBORAH BRINKLEY	11780 MAILLARD LANE	JAX, FL 32218
T/D	LEWIS ROBINSON	461 SUMMER ST	JAX, FL 32254

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:

Lewis Robinson **Lewis Robinson** **11-24-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)