

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 OCT 24 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005087

1. Corporation Name

FASP CHILDREN'S SERVICES FUND, INC.

Principal Place of Business

Mailing Address

2699 STIRLING ROAD  
SUITE B-305  
FORT LAUDERDALE FL 33312-6546

2699 STIRLING ROAD  
SUITE B-305  
FORT LAUDERDALE FL 33312-6546

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

08/31/1998

5. FEI Number

59-3562148

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 3	City / State / Zip 4
D	BALLESTEROS, CARY	10221 SW 20 ST	MIAMI FL 33165
D	<del>SIMONIS, SARAH</del> Trensch, Marilyn B.	<del>1514 SW 13 STREET</del> 364 Ocean Boulevard	<del>FORT LAUDERDALE FL 33312</del> Golden Beach, FL 33160
D	CASH, RALPH E	2699 STIRLING ROAD, SUITE B-305	FORT LAUDERDALE FL 33312
D	CORDILL, CONNIE	21241 SNOW HILL ROAD	BROOKSVILLE FL
D	HAMILTON, EMORY	2177 HYATT DRIVE	PORT CHARLOTTE FL 33948
D	<del>REGAN, DONNA</del> Zeman, Keith	<del>4211 ARBOR OAKS CT</del> 2145 NE 62nd Court	<del>ORLANDO FL 32808</del> Ft. Lauderdale, FL 33308

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASH, DR RALPH E  
2699 STIRLING ROAD  
SUITE B-305  
FORT LAUDERDALE FL 33312

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. or 617.0505, F.S.

Signature of  
Registered Agent

Ralph E. Cash, Ph.D.

REGISTERED AGENT MUST SIGN

Date

10/19/03

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 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:

Ralph E. Cash  
Ralph E. Cash, Ph.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/03

Daytime Phone #

954/605-6370

CR2E040 (7/03)