

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 11 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N-9900000040*

1. Corporation Name

Why are the Children Hurting, Inc.

2. Principal Office Address

36408 US Highway 19

3. Mailing Office Address

36408 US Highway 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

Zip

34684

Country

USA

Zip

34684

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/04/1999

5. FEI Number

20-3258082

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

2000-2005 NM 8/15

7. Name and Address of Current Registered Agent

Name

Steve Katzman

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

4134 Parkway Blvd

Suite, Apt. #, Etc.

City

Land O Lakes

State

FL

Zip Code

34639

700058476067

*08/11/05--01026--004 **542 50*

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]

Date *8/8/05*

REGISTERED AGENT MUST SIGN

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
D	Steve Katzman	4134 Parkway Blvd	Land O Lakes, FL 34639
D	Michael Postlethwaite	2744 Lake Valley Place	Wesley Chapel, FL 33543
D	Okey Ryan	6009 9th Street N	St. Petersburg, FL 33703

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] *STEVE KATZMAN*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/05
Date

813-995-0400
Daytime Phone #

CR2E081 (01/05)