

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # N99000000799

1. Corporation Name

THE FUND FOR CHILD DEVELOPMENT CENTER, INC.

Principal Place of Business

Mailing Address

4620 17 STREET
SARASOTA FL 34235

4620 17 STREET
SARASOTA FL 34235

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

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/1999

SP

5. FEI Number

65-1027375

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
CD	McDaniel, Bill	400 madison Drive	Sarasota FL 34236
VCD	Erb, Calvin w.	3148B Southgate Circle	Sarasota FL 34239
TD	Caldwell, Kelly	201 Center Road	Venice FL 34292
P	Howard, Peter D.	4620 17th Street	Sarasota FL 34235
			100003953231--1
			04/03/01--01063--005 HS
			***297.50 ***297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOWARD, PETER D
4620 17 STREET
SARASOTA FL 34235

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1-30-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-01

Date

941-371-8820

Daytime Phone #

CR2E040 (8/00)