

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 28 PH 2:36

DOCUMENT # N99000003963

1. Corporation Name

"IT TAKES A VILLAGE", INC.

Principal Place of Business

Mailing Address

C/O CATHERINE MALCOLM  
2280 S.W. 139TH AVENUE  
DAVIE FL 33325

C/O CATHERINE MALCOLM  
2280 S.W. 139TH AVENUE  
DAVIE FL 33325



REINSTATEMENT 00-02

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

4. Date Incorporated or Qualified  
To Do Business in Florida

06/25/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

005 NW 1ST AVE

CITY & STATE  
~~FORT LAUDERDALE FL~~

CITY & STATE

Zip Country

Zip Country

33301

5. FEI Number

65-0948174

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	MALCOLM, CATHERINE	2280 SW 139th Ave	DAVIE, FL. 33325
T	MALCOLM, DESMOND	2280 SW 139th Ave	DAVIE, FL. 33325
T	NATION, SUZANNE	474 NW 49th Ave	Plantation, FL. 33317
			300005254253--4
			-04/11702--01058--004
			****358.75 ****358.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MALCOLM, CATHERINE  
2280 S.W. 139TH AVENUE  
DAVIE FL 33325

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

Date Nov. 16, 2000

REGISTERED AGENT MUST SIGN

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

CATHERINE MALCOLM

Nov. 16, 2000

Date

Daytime Phone #

(954)  
370-8172

CR25040 (8/00)