

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

01 MAR 23 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000005124

1. Corporation Name

FACING IT TOGETHER, INC.

Principal Place of Business

Mailing Address

1729 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33334

1729 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33334

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3435 Hayer St
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3435 Hayer St.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

08/26/1999

5. FEI Number

65-0953436

Applied For

Not Applicable

City & State

Hollywood, FL

City & State

Hollywood FL

Zip

33021

Country

USA

Zip

USA

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	GREENE, AURTHUR Bobby Brusher	3435 Hayer St. 1729 E. COMMERCIAL BLVD.	Hollywood FL FT. LAUDERDALE FL 33334 33021
D	LOWREY, DARA	3435 Hayer St. 1729 E. COMMERCIAL BLVD.	Hollywood FL FT. LAUDERDALE FL 33334 33021
D	LATVELLA, SUSAN	3435 Hayer St. 1729 E. COMMERCIAL BLVD.	Hollywood FL FT. LAUDERDALE FL 33334 33021
D	RANCOURT, REGAN	3435 Hayer St. 1729 E. COMMERCIAL BLVD.	Hollywood FL FT. LAUDERDALE FL 33334 33021
D	STELNICKI, ERIC	3435 Hayer St. 1729 E. COMMERCIAL BLVD.	Hollywood FL FT. LAUDERDALE FL 33334 33021
D	Tatiana Bonilla	3435 Hayer St.	Hollywood FL 33021

8. Name and Address of Current Registered Agent

KAPLAN, MARK E
106 E. COLLEGE AVE., STE. 1200
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name Gex Richardson
Street Address (P.O. Box Number is Not Acceptable)
450 East Las Olas Blvd. 33301
Suite, Apt. #, Etc. Suite 1600
City Ft. Lauderdale State FL Zip Code 33301

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/15/01

REINSTATEMENT

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 included 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

3/13/01

Date

954-978-5213

Daytime Phone #

CR2E040 (8/00)