PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

03 MAY 27 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000005124

1. Corporation Name

FACING IT TOGETHER, INC.

REINSTATEMENT 02-03

05/22/02 90178 025 $61.25
500018803225
05/12/03--01046--001 **245.00

Principal Place of Business	Mailing Address
3435 HAYES STREET HOLLYWOOD FL 33021	3435 HAYES STREET HOLLYWOOD FL 33021

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
	4051 NE 26th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Ft Lauderdale, FL
Zip / Country	Zip: 33308 / Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 08/26/1999

5. FEI Number: 65-0953436 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D/T	~~BRASHER, BOBBY~~ Mark Rodgers	3435 HAYES ST.	HOLLYWOOD FL 33021
D/S	~~LOWREY, DARA~~ Gex Richardson	3435 HAYES ST.	HOLLYWOOD FL 33021
D/V	~~LATVELLA, SUSAN~~ Mike Bordurant	3435 HAYES ST.	HOLLYWOOD FL 33021
D/V	~~RANCOURT, REGAN~~ Sean Guerin	3435 HAYES ST.	HOLLYWOOD FL 33021
~~D~~ C/D	STELNICKI, ERIC	3435 HAYES ST.	HOLLYWOOD FL 33021
D/V	~~TATIANA, BONILLA~~ Hunter Chambliss	3435 HAYES ST.	HOLLYWOOD FL 33021

8. Name and Address of Current Registered Agent

RICHARDSON, GEX
450 EAST LAS OLAS BLVD
SUITE 1600
FORT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name: Gex F. Richardson
Street Address (P.O. Box Number is Not Acceptable): 6200 Coconut Terrace
Suite, Apt. #, Etc.:
City: Plantation State: FL Zip Code: 33317

CR2E040 (8/02)

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: SIGNATURE REQUIRED Date: 5/6/03
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 REQUIRED Mark Rodgers 5/6/03 954-709-4194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #