PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
03 JAN 17 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000005304

REINSTATEMENT 00-03

600009821026
01/03/03--01083--006 **367.50

1. Corporation Name: Determined Mother's & Fathers

2. Principal Office Address	3. Mailing Office Address
1031 Ave F	1400 Bates
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Haines City Fl	City & State: Haines City Fl.
Zip: 33844 Country: Polk	Zip: 33844 Country: Polk

4. Date Incorporated or Qualified To Do Business in Florida: 5-1-2003

5. FEI Number: ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Sandra TARVER

600009821026
01/17/03--01065--011 **61.25

Street Address (P.O. Box Number is Not Acceptable): 1031 AVE F

Suite, Apt. #, Etc.:

City: HAINES CITY State: FL Zip Code: 33844

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: Sandra Tarver Date:

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
1	Vice President	Tami L. Flint	1415 10th Ct NE	Winter Haven, Fl 33881
1	President	Thomas Gordon Jr	317 N. 6 Street	Haines City Fl 33844
0	Director	Robin Jackson	1400 Bates	Haines City Fl 33844
1	Secretary	MICHAEL HARRIS	612 North Street	Haines City Fl 33844
0	V	Janice Helms	808 Center Ave	Haines City Fl 33844

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: Robin Jackson R. 12 23 2002 (421 7257)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1600

Money Ord Number $736 [illegible]

JP 1/22