

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000108968

1. Corporation Name

GUARDIAN AD LITEM CENTER, INC.

Principal Place of Business

Mailing Address

3348 CELEBRATION LANE
MARGATE FL 33063

3348 CELEBRATION LANE
MARGATE FL 33063

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

2. New Principal Office Address, If Applicable

5519 Lake Tern CT

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5519 Lake Tern CT

Suite, Apt. #, etc.

City & State

COCONUT CREEK, FL

Zip Country

33073

City & State

COCONUT CREEK, FL

Zip Country

33065

2002
UBR



FILED

02 OCT 28 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/2000

5. FEI Number

65-1056832

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
PS	COHAN, ANDREA L	3348 CELEBRATION LANE 5519 Lake Tern CT	MARGATE FL 33063 COCONUT CREEK, FL 33073

200008606252
10/28/02--01034--024 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COHAN, ANDREA L
3348 CELEBRATION LANE
MARGATE FL 33063

Name

Street Address (P.O. Box Number is Not Acceptable)

5519 Lake Tern CT

Suite, Apt. #, Etc.

City

COCONUT CREEK,

State

FL

Zip Code

33073

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
REGISTERED AGENT MUST SIGN

Date

10/22/02

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/02

Daytime Phone #

954 -
857 -
5790

CR2040 (8/02)

20f2



October 22, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

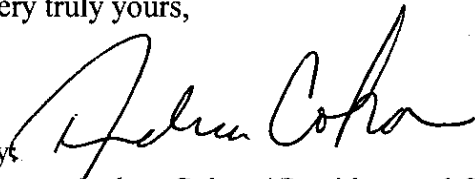
Re: Application for Reinstatement

Dear Division of Corporations:

Enclosed please find my Application for Reinstatement and check for \$150.00. I very much appreciate the fact that you will waive the fee for reinstatement as I did not receive the two prior Uniform Business Report (UBR) Notices. I am not certain why the address for my corporation was not changed as I thought that I had done what I was told to do when I moved; however, there must have been something missed when I changed the address as this Notice found me with the old address.

Again, I thank you for giving me the opportunity, per your letter, to do this without incurring the penalties as it would be a tremendous financial hardship for my small company.

Very truly yours,

By: 
Andrea Cohan / President and Owner
Guardian Ad Litem Center