

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -5 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P02000102672**

1. Corporation Name

**SOUTH FLORIDA SOCIAL INCORPORATED**

Principal Place of Business

1500-A E. ATLANTIC BLVD  
POMPANO BEACH FL 33060

Mailing Address

1500-A E. ATLANTIC BLVD  
POMPANO BEACH FL 33060

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 03

100024449991  
11/05/03--01046--026 \*\*400.00

4. Date Incorporated or Qualified  
To Do Business in Florida

09/23/2002

5. FEI Number

06-1649457

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	WILLIAMS, BETTY	4900 N OCEAN BLVD, #413	FT LAUDERDALE FL 33308

8. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED  
660 EAST JEFFERSON STREET  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name Betty S. Williams  
Street Address (P.O. Box Number is Not Acceptable)  
4900 N. Ocean Blvd., #413  
Suite, Apt. #, Etc.  
City Fort Lauderdale State FL Zip Code 33308

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

Betty S. Williams  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

11-3-03

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:

Betty S. Williams  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-3-03

954-817-6179

11-3-03

Department of State -

Dear Sir:

Please note that you cashed  
my check for \$150.00 (check #1100)  
in September.

Per instruction by phone from  
a representative in your office,

I am enclosing a check  
for \$400. for reinstatement.

Thanks for taking  
care of this,

Sincerely,

Betty Williams

954-781-1715

954-217-1179