

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

04 JAN 29 AM 9:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000127703

1. Corporation Name

FAMILY MULTI-SERVICES, INC.

Principal Place of Business

Mailing Address

~~2105 PASOVERDE LANE~~

~~WESTON FL 33327~~

925 Palm Ave
Hialeah, Fla. 33010

~~2105 PASOVERDE LANE~~

~~WESTON FL 33327~~

925 Palm Ave
Hialeah, Fla. 33010



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

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

925 Palm Ave.

Hialeah, Fla

Zip

Country

Zip

Country

Hia. Fla. 33010 U.S.A.

33010

U.S.A

5. FEI Number

Applied For

06-1663505

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
PD	GIL, CAMILO S	2105 PASOVERDE LANE	WESTON FL 33327
VD	SAENS GOMEZ, GUSTAVO A	2105 PASOVERDE LANE	WESTON FL 33327
PD	Diequez, Alberto I.	1326 W. 40 ST.	Hialeah, Fla. 33012
VD	Diequez, Hector A.	1326 W. 40 ST.	Hialeah, Fla. 33012
			500027893655 01/29/04--01064--019 **150.00
			500027893655 01/29/04--01064--020 **8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAENS GOMEZ, GUSTAVO A 2105 PASOVERDE LANE WESTON FL 33327	Name Hector A. Diequez Street Address (P.O. Box Number is Not Acceptable) 925 Palm Ave. Suite, Apt. #, Etc. City Hialeah State FL Zip Code 33010
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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 X

REGISTERED AGENT MUST SIGN

Date

1/20/04

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: X

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/04

Daytime Phone #

(305) 362-9139

CR2E040 (7/03)