

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -7 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD7000091221

1. Corporation Name

Family Term Center Inc.

2. Principal Office Address - No P.O. Box #

18380 NW 7th Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami Gardens

City & State

Zip

33169

Country

U.S.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

300170574953
02/25/10--01037--019 **450.00

REINSTATEMENT 08-10

7. Name and Address of Current Registered Agent

Name

Robert Marsh

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

18380 NW 7th Avenue

Suite, Apt. #, Etc.

City

Miami Gardens

State

FL

Zip Code

33169

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

R. Marsh

Date

4/8/10

REGISTERED AGENT MUST SIGN

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
VP	Denise Sharpe	18380 NW 7th Avenue	Miami Gardens, FL 33169
P	Robert Marsh	18380 NW 7th Ave	Miami Gardens FL 33169

10. E-mail Address:

(To be used for future annual report notification)

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, I further certify, 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:

R. Marsh - ROBERT MARSH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/1/10

Daytime Phone #

(954) 962-9992