

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

16 OCT 24 PM 4:08

**DOCUMENT #** P09000032366

**1. Corporation Name**

La Familia of Maitland, Inc.

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

c/o Peter A. Portley  
2211 E. Sample Road

Suite, Apt. #, etc.

Suite 204

City & State

Lighthouse Point, FL

Zip

33064

Country

USA

**3. Mailing Office Address**

c/o Peter A. Portley  
2211 E. Sample Road

Suite, Apt. #, etc.

Suite 204

City & State

Lighthouse Point, FL

Zip

33064

Country

USA

CR2E081 (11/10)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4/9/2009

**5. FEI Number**

Applied For

☒ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED  
NO**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Peter A. Portley

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

2211 E. Sample Road

Suite, Apt. #, Etc.

Suite 204

City

Lighthouse Point

State

FL

Zip Code

33064

900291565048  
10/24/16--01005--011 \*\$1000.00

**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

*Peter A. Portley*  
Peter A. Portley

REGISTERED AGENT MUST SIGN

Date 10-21-16

**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
D, P	Stephen Fox	1216 US Hwy 41 N	Calhoun, GA 30701

**10. E-mail Address:** sfox@foxbrindle.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.**

**SIGNATURE:**

Stephen Fox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-2016

Date

Daytime Phone #