

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 19 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000025713

1. Corporation Name

FAMILY DISPUTE MEDIATION, INC.

2. Principal Office Address

19 West Flagler Street

Suite, Apt. #, etc.

Suite 412

City & State

Miami, Florida

Zip

33130

Country

US

3. Mailing Office Address

19 West Flagler St.

Suite, Apt. #, etc.

Suite 412

City & State

Miami, Florida

Zip

33130

Country

US

REINSTATEMENT

95.00

4. Date Incorporated or Qualified
To Do Business in Florida

4/04/94

5. FEI Number

65-0479005

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LUIS M. PADRON

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

19 West Flagler Street

Suite, Apt. #, Etc.

Suite 412

City

Miami

State
FL

Zip Code

33130

LS

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

REGISTERED AGENT MUST SIGN

Date

12-18-00

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
P	Padron, Luis M.	19 West Flagler St., #412	Miami, Florida 33130

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-18-00

Daytime Phone #
305-377-9666