

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 20 PM 1:35

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000089418

1. Corporation Name

STRENGTHENING THE FAMILY

300073503973
05/01/06--01055--007 **600.00

2. Principal Office Address

1334 TIMBERLAWN RD

Suite, Apt. #, etc.

8

City & State

Tallahassee, FL

Zip

32312

Country

USA

3. Mailing Office Address

1334 TIMBERLAWN RD

Suite, Apt. #, etc.

8

City & State

Tallahassee, FL

Zip

32312

Country

USA

REINSTATEMENT 103-06

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

12/9/94

5. FEI Number

59-3423137

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jeffries K. Henning

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

1334 TIMBERLAWN RD SUITE 8

Suite, Apt. #, Etc.

SUITE 8

City

Tallahassee

State

FL

Zip Code

32312

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 4-13-06

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
Pres	Jeffries K. Henning	1334 TIMBERLAWN RD SUITE 8	Tallahassee, FL 32312

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 contained in Chapter 119, 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

4-13-06 850-580-5337

Date

Daytime Phone #

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Jeff Herring, MS, LMFT

Couple, Teen & Family Counselor-Relationship Coach-Speaker-Columnist- Author

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www.jeffherring.com

4-14-6

Department of State
Div. of Corporations
P.O. Box 6327
Tallahassee, FL 32314


Re: Strengthening the Family
P94000089418
FEI#59-3423137

This is to verify that in 2003 the office where I rented space was in great disarray, including money being misused by office help. During this time I do not recall receiving reminder notices about my corporation. In 2004 I moved from that office and have not received any notices since.

Therefore I am asking that the \$600.00 reinstatement fee be waived and I have enclosed a check for \$608.75 for the 4 years being reinstated, plus a Certificate of Status.

Thank you for your time and prompt attention in this matter.

Sincerely,


Jeffries K. Herring, MS, LMFT
Strengthening the Family