

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000070679

1. Corporation Name

FAMILY VALUES, INC.

Principal Place of Business

Mailing Address

~~2013 SE 10th Lane~~  
~~Cape Coral, FL 33990~~

~~2013 SE 10th Lane~~  
~~Cape Coral, FL 33990~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

8695 College Pkwy

Suite, Apt. #, etc.

Suite 300

City & State

Fort Myers, FL

Zip

33919

Country

Lee / USA

3. New Mailing Office Address, If Applicable

8695 College Pkwy

Suite, Apt. #, etc.

Suite 300

City & State

Fort Myers, FL

Zip

33919

Country

Lee / USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/11/1995

5. FEI Number

65-0616616

Applied For

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Allen, Carl A.	13300-56 S. Cleveland Ave. #304	Fort Myers, FL 33907

8. Name and Address of Current Registered Agent

Allen, Carl A.

~~2013 SE 10th Lane~~

~~Cape Coral, FL 33990~~

9. Name and Address of New Registered Agent

Name

Allen, Carl A.

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

13300-56 S. Cleveland Ave.

Suite, Apt. #, Etc.

Suite 304

City

Fort Myers,

State

FL

Zip Code

33907

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.

Signature of  
Registered Agent

Carl A. Allen

REGISTERED AGENT MUST SIGN

Date

2/17/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

Carl A. Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/97 (941) 890-4550

Date

Daytime Phone #

FILED  
97 FEB 18 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

96 + 97  
mwb

CR2E040 (12/96)