

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harrits
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 DEC 12 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PAS 0000 8/526*

1. Corporation Name
FAMILY SERVICES OF PINELLAS COUNTY, INC.
4910-K CREEKSIDE DRIVE
CLEARWATER, FL 33760

2. Principal Office Address SAME		3. Mailing Office Address 67 BIRCHWOOD DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State WILLIAMSVILLE, NY 14221	
Zip	Country	Zip	Country
		14221	USA

4. Date Incorporated or Qualified To Do Business in Florida 10/24/1995	
5. FEI Number 59-3340181	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

01/28/00 90163 009 15010

7. Name and Address of Current Registered Agent

Name	MURRAY B. SILVERSTEIN, ESQ. POWELL, CARNEY, HAYES & SILVERSTEIN, P.A.		
Street Address (P.O. Box Number is Not Acceptable)	ONE PROGRESS PLAZA		
Suite, Apt. #, Etc.	SUITE 1210		
City	State	Zip Code	
ST. PETERSBURG	FL	33731-1689	

*100003524004 113-8
****600.00 ****800.00*

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 *[Signature]* Date **11-8-00**

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
PRES	PAULINE J. STERBEN	67 BIRCHWOOD DRIVE	WILLIAMSVILLE, NY 14221

REINSTATEMENT *[Signature]*
SP

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: *Pauline J Sterben sec/treas.* *11/4/00* Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E081 (9/99)