

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 # P96000096803**

1. Corporation Name

**ALL FOR THE CHILDREN, INC.**

Principal Place of Business

**8214 BELCHER ROAD  
PINELLAS PARK FL 34665**

Mailing Address

**8214 BELCHER ROAD  
PINELLAS PARK FL 34665**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/22/1996**

5. FEI Number

**59-3415056**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	LAMOUREUX, JOSEPH	9630 131ST STREET NORTH	SEMINOLE FL 33776
SD	LAMOUREUX, MARY L	9630 131ST STREET NORTH	SEMINOLE FL 33776

700002375387-7  
-12/17/97-01093-001  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

**LAGANO, ALBERT S ESQ.  
25 W. NEW HAVEN AVENUE  
SUITE E  
MELBOURNE FL 32902-0897**

9. Name and Address of New Registered Agent

Name

**JOE LAMOUREUX**

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

**8214 BELCHER RD**

Suite, Apt. #, Etc.

City

**PINELLAS PARK**

State  
**FL**

Zip Code  
**33781**

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

*Joe Lamoureux* *Albert Lagano*  
REGISTERED AGENT MUST SIGN

Date

**11/25/97 12/10/97**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

*Joe Lamoureux* *JOE LAMOUREUX*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11/25/97**

Daytime Phone #

**FILED**

**97 DEC 15 AM 11:12**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



**REINSTATEMENT 9200**

CR2E040 (8/97)