

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P98000073469

1. Corporation Name

SIX FAMILY MATTERS, INC.

Principal Place of Business

Mailing Address

5550 WEST 22 COURT
HIALEAH FL 33016

5550 WEST 22 COURT
HIALEAH FL 33016

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
33016

Country
USA

Zip
33016

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/1998

5. FEI Number

65-0869451

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	4 City / State / Zip
P/T	Iliana Gajafsky	5560 West 22 Ct	HIA, FL 33016
D/M	Georgina Triana	5552 West 22 Ct	HIA, FL 33016
S/D	Linda Ryan	5550 West 22 Ct	HIA, FL 33016

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***236.25 ***236.25

8. Name and Address of Current Registered Agent

9. Name and Address of Registered Agent

GAJAFSKY, ILIANA
5560 WEST 22 COURT
HIALEAH FL 33016

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
Zip Code

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

Iliana Gajafsky
REGISTERED AGENT MUST SIGN

Date 11/19/99

11. 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:

Iliana Gajafsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/19/99

305 445-6444

APPROVED
AND
FILED

99 NOV 29 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR25040 (8/99)