

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 MAY -4 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000058950**

1. Corporation Name

**South Florida Family Centers Inc.**

2. Principal Office Address

**4987 North University Drive**

3. Mailing Office Address

Suite, Apt. #, etc.

**P.O. Box 25793**

Suite, Apt. #, etc. **Office 17A**

**Lauderhill**

City & State

**Florida**

City & State

**Tamarac**

Zip

**33351**

Country

Zip

**Florida**

Country

**33320**

4. Date Incorporated or Qualified  
To Do Business in Florida

**June 30, 1999**

5. FEI Number

**65-0982609**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75** Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**Damaris Baez**

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

**4987 North University Drive**

Suite, Apt. #, Etc.

**Suite 17-A**

City

**Lauderhill,**

State

**FL**

Zip Code

**33351**

**100004324371-5**  
**-05/29/01-01010-002**  
**\*\*\*\*908.75 \*\*\*\*908.75**

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

**Damaris Baez**  
REGISTERED AGENT MUST SIGN

Date **5/02/01**

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

**P/D Damaris Baez**

**7811 NW 46 Ct**

**Lauderhill, FL 33351**

**REINSTATEMENT**

**00-01**  
**78**

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 application are 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

**Damaris Baez**

**5/02/01**

Date

Daytime Phone #

**(954) 742-8810**

CR2E081 (9/00)