

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P99000094631

00 OCT 25 PM 2:41

1. Corporation Name

PROVIDENCE FAMILY, INC.

Principal Place of Business

Mailing Address

15307 AMBERLY DR., STE. 402  
TAMPA FL 33647

15307 AMBERLY DR., STE. 402  
TAMPA FL 33647



REINSTATEMENT 00

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.

2202 EAST 136<sup>th</sup> Ave

Suite A

City & State

City & State

Suite A TAMPA FL

TAMPA FL

Zip

Country

Zip

Country

33613 U.S.A.

33613 U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida.

10/21/1999

5. FEI Number

59-3625224

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
D	MUBANG, JOHN M	15307 AMBERLY DR., STE. 402 AS ABOVE	TAMPA FL 33647
D	MUBANG, ANGELINE B	15307 AMBERLY DR., STE. 402	TAMPA FL 33647
	MUBANG JOHN N.	9222 ROCKROSE DRIVE	TAMPA FL 33647
	MUBANG ANGELINE B	9222 ROCKROSE DR.	TAMPA FL 33647
			100003454901--3 11/07/00--01050--024 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FARR, JAMES G

1502 WEST FLETCHER AVE., STE. 101  
TAMPA FL 33647

Name

FARR JAMES G

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

1502 WEST FLETCHER AVE. STE. 101

Suite, Apt. #, Etc.

SUITE 101

City

TAMPA

State

FL

Zip Code

33647

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

SIGNATURE REQUIRED

Date 10/23/2000

REGISTERED AGENT MUST SIGN

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:

JOHN N. MUBANG  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-1-00-6310126

Daytime Phone #

(813) 631-0126

CR2E040 (800)