

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 DEC -1 PM 11: 35

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 726409

1. Corporation Name

FLORIDA REGISTRY OF INTERPRETERS FOR THE DEAF, INC.

Principal Place of Business

Mailing Address

~~5830 AVONDALE RD.~~  
~~PENSACOLA FL 32526 2006~~  
US

~~5830 AVONDALE RD.~~  
~~PENSACOLA FL 32526 2006~~  
US

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

REINSTATEMENT

50

2. New Principal Office Address, If Applicable

939 Wolfe St

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

939 Wolfe St

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

05/16/1973

5. FEI Number

52-1232313

Applied For

Not Applicable

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32205

Country

U.S.

Zip

32205

Country

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D / Ad	<del>DENGER, BRENDA</del> BARRIGAR-Tucker, Deborah	<del>5830 AVONDALE RD.</del> 939 Wolfe St	<del>PENSACOLA FL 32526</del> JACKSONVILLE, FL 32205
D / VP	ROBINSON, LEM Mc DAVID, W.R.	14148 HAMPTON FALLS DR. N. P.O. Box 5112	JAX FL 32222 32247-5112
D / VP	WILSON, CATHY LONGO, MAUREEN A.	2416 33RD ST SE 14-D Fullerwood Dr	RUSKIN FL 33576 ST. AUGUSTINE, FL 32095
D / Sec	GAGAIN, KELLY	1506 LITTLE BROOK DR.	BRANDON FL 33511
D / Pres	Tuceelli, Dr. Mike (Treas)	339 Willow GREEN Dr	ORANGE PARK, FL 32073 500003500875--9 -12/14/00--01016--006 ***245.00 ***245.00

8. Name and Address of Current Registered Agent

~~DENGER, BRENDA~~  
~~5830 AVONDALE RD.~~  
PENSACOLA FL 32526 2006

9. Name and Address of New Registered Agent

Name  
DEBORAH BARRIGAR-TUCKER  
Street Address (P.O. Box Number is Not Acceptable)  
939 Wolfe Street  
Suite, Apt. #, Etc.  
City  
JACKSONVILLE  
State  
FL  
Zip Code  
32205

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

*Deborah Barrigar-Tucker*

REGISTERED AGENT MUST SIGN

Date

10/31/00

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:

*Deborah Barrigar-Tucker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DEBORAH BARRIGAR-TUCKER

Date

(904)  
384-0906  
Daytime Phone #

KE

CR2ED040 (8/00)