

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 734502

1. Corporation Name

Spina Bifida Association of Central Florida, Inc.

2. Principal Office Address

7643 Persian Court

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32819

Country

USA

3. Mailing Office Address

7643 Persian Court

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32819

Country

USA

FILED  
06 MAR 28 AM 9:41  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-06  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida 12/04/1975

5. FEI Number  
59-1804997

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  
Beccy Hosoda

Street Address (P.O. Box Number is Not Acceptable)  
7643 Persian Court

Suite, Apt. #, Etc.

City  
Orlando

State  
FL

Zip Code  
32819

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

REGISTERED AGENT MUST SIGN

Date March 20, 2006

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
PD	Beccy Hosoda	7643 Persian Court	Orlando, FL 32819
VD	Linda Downing	1348 Hampshire Place Circle	Altamonte Springs, FL 32714
TD	C. Simone Evans	2612 Reagan Trail	Lake Mary, FL 32746
SD	Grace Marie Howland	6041 Brookhill Court	Orlando, FL 32810

500069534135

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 form do not qualify for an exemption contained in Chapter 119, 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:

Beccy Hosoda

March 20, 2006 (407) 248-9210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #