PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 OCT 20 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751959 (8)

1. Corporation Name
FLORIDA SOCIETY OF PERIANESTHESIA NURSES, INCORPORATED

Principal Place of Business
c/o GAYLE MILLER
4407 SUNNYCREST DR
JACKSONVILLE, FL 32257

Mailing Address
c/o GAYLE MILLER
4407 SUNNYCREST DR
JACKSONVILLE, FL 32257

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

REINSTATEMENT 98

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 / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 4/10/80

5. FEI Number: 59-1759597 — 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
OP	KAPLAN, ANN	4419 TREE HARBOUR WAY TALLAHASSEE, FL	TALLAHASSEE, FL 32308
OV	MASON, MARSHA	302 WHITCOMB BLVD	TARPON SPRINGS, FL 34689
DT	MILLER, GAYLE	4407 SUNNYCREST DR	JACKSONVILLE, FL 32257
DS	HAZELL, JACQUELINE	8502 ARDOCH RD	MIAMI LAKES, FL 33016

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-10/27/98--01034-001
****245.00 ****245.00

8. Name and Address of Current Registered Agent

MILLER, GAYLE
4407 SUNNYCREST DRIVE
JACKSONVILLE, FL
32257

9. Name and Address of New Registered Agent

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

CR2E040 (1/98)

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: Gayle Miller — REGISTERED AGENT MUST SIGN — Date: 10/13/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Gayle Miller — 10/13/98 — (904) 296-4159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GAYLE MILLER