

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 30 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100009737751
12/30/02--01056--003 **70.00

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000002336

1. Corporation Name

Florida Families of Children with Visual Impairments, Inc.

2. Principal Office Address

5655 Brook Loop

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33811

Country

USA

3. Mailing Office Address

5655 Brook Loop

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33811

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/04/2000

5. FEI Number

59-3644430

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

Lisa C. Guertin

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

5655 Brook Loop

Suite, Apt. #, Etc.

City

Lakeland

State
FL

Zip Code

33811

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

Lisa C. Guertin

REGISTERED AGENT MUST SIGN

Date December 27, 2002

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
S/D	Nikki Peters	316 MacGregor Rd.	Winter Springs, FL 32708
D	Leslie Johansen	10720 Eureka Street	Boca Raton, FL 33428
VP/D	Terri E. Goldstein	15917 Bridgewater Lane	Tampa, FL 33624
P/D	Suzanne Townsend	321 Oak Fern Circle	Ormond Beach, FL 32174
T/D	Lisa C. Guertin	5655 Brook Loop	Lakeland, FL 33811
VP/D	Mercy Terrill	15902 Scrimshaw Drive	Tampa, FL 33624

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 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:

Lisa C. Guertin

Lisa C. Guertin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/02

Date

(863) 688-0040

Daytime Phone #

CR2E061 (9/01)

gs 1/2



December 26, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Corporation Reinstatement for 59-3644430

To Whom It May Concern:

Enclosed is the Corporation Reinstatement Form for Florida Families of Children with Visual Impairments. We request that you waive the reinstatement fee because we did not receive our Uniform Business Report for 2002 nor did we receive any notices. The first notice we received was when we filed our Registration Statement with the Florida Department of Agriculture and Consumer Services in November. Also enclosed is our check in the amount of \$70.00.

We appreciate your consideration and assistance in resolving this matter. Please don't hesitate to contact me if you have any questions or need additional information (863-688-0040 days).

Sincerely,


Lisa C. Guertin
Treasurer

Enclosures

5655 Brook Loop • Lakeland • FL • 33811
(863) 701-8512
lisaguertin@yahoo.com