4-1-			
CORPORATION REINSTATEMEN		RIDA DEPAR'FMENT OF STA Katherine Harris Secretary of State DIVISION OF CORPORATIONS	01 JAN 10 AM 9:13
DOCUMENT #	N00080	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name			9/00
Florida A	specietion of l	Volunteer Centers In	e. XX
2. Principal Office Address	3. м	ailing Office Address	
50 Kindred St	- P	0. Box 362	2000 UBR
Suite, Apt. #, etc.	Suite,	Apt. #, etc.	
Suite 207 City & State	00.0	0	4. Date Incorporated or Qualified To Do Business in Florida
0) .	City &		5. FEI Number Applied For
Zip Co	untry i Zip	vart FL Country	59-2305200 Not Applicable
34994	JS A 34	1995 USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent			
	arel Hodnett (P.O. Box Number is Not Accept to Kindred S	600003575816 -2 -01/26/0101017010 *****61.25 ******(1.25	
Suite, Apt. #, Et	c.	*************************************	
City Strant			State Zip Code FL 34995
B. I, being appointed the regi	stered agent of the above named	d corporation, am familiar with and accept	the obligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent	Card A Ho	Date	
9. Names and Street Addres	ses of Each Officer and/or Direc	tor (Florida nonprofit corporations must lis	st at least 3 directors)
Titles	Name of ficers and/or Directors	Street Address of Officer and/or Di	
)_ Adriane	La Roza	1701 149h Street	et = DII
res		Svite 2	D Brodenton FL 34205
1.2 John 91	homp800	9812 NM 13 m	Suite 303 Garnesville FL 32109
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carol t	<i>bould</i>	50 Kindred St	DUITE-2011-0700-T-F1-3444
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	annament and annual and a second		MARIE VI ANNO DE LA CONTRACTOR DE LA CON
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0. 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 filling 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

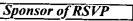
10/20/00

561-220-4472



The United Way of Martin County

OLUNTEER & COMMUNITY RESOURCE CENTER





October 20, 2000

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Florida Association of Volunteer Centers, Inc.

To Whom It May Concern:

Please accept this letter as a formal request for a one time waiver and Reinstatement of the corporate status for the Florida Association of Volunteer Centers, Inc.

A telephone call to your office concluded that the form had been returned there as undeliverable as addressed. Together we discovered that the renewal form had been sent to PO Box 360 rather than 362.

Enclosed is the properly executed Reinstatement Form for your consideration. I appreciate your consideration to this matter. I have also enclosed a check in the amount of \$61.25 for the annual filing fee.

Sincerely,

Carol L. Hodnett Secretary



