

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

6

CORPORATION
REINSTATEMENT



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

FILED

01 JAN 10 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00080

1. Corporation Name

Florida Association of Volunteer Centers, Inc.

2000 UBR

2. Principal Office Address

50 Kindred St

Suite, Apt. #, etc.

Suite 207

City & State

Stuart FL

Zip

34994

Country

USA

3. Mailing Office Address

P.O. Box 362

Suite, Apt. #, etc.

City & State

Stuart FL

Zip

34995

Country

USA

2000 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/1983

5. FEI Number

59-2305200

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

Carol Hodnett

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

50 Kindred Street

Suite, Apt. #, Etc.

Suite 207

City

Stuart

State
FL

Zip Code

34995

600003575816-2
-01/26/01--01017-010
*****61.25 *****1.25

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

Carol L. Hodnett

REGISTERED AGENT MUST SIGN

Date 10/20/00

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
Pres	Adriane LaRosa	1701 14th Street Suite 2	Bradenton FL 34205
V.P.	John Thompson	2815 NW 13th Suite 302	Gainesville FL 32609
Treas	Carol Hodnett	50 Kindred St Suite 207	Stuart FL 34994

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:

Carol L. Hodnett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/00
Date

561-220-4472
Daytime Phone #

CR2E081 (9/99)



The United Way of Martin County

VOLUNTEER & COMMUNITY RESOURCE CENTER

Sponsor of RSVP



United Way
of Martin County

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



50 Kindred Street • Suite 207 • P.O. Box 362 • Stuart, FL 34995 • (561) 220-4472 • Fax (561) 220-7771

Federally sponsored by the Corporation for National Service

Funded in part by the Martin County Board of County Commissioners

