2001 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1062

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # N19631

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Corporation Name

MONROE COUNTY PERINATAL NETWORK, INC.

Principal Place of Business	Mailing Address
1200 KENNEDY DRIVE KEY WEST FL 33040	P.O. BOX 9107 KEY WEST FL 33041

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

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: 03/11/1987

5. FEI Number: NOT APPLICABLE ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	LANGE, GAZELLE	19551 INDIAN MOUND DR	SUGAR LOAF KEY FL 33042
SD	TORRENCE, STEVE	1215 PETRONIA STREET	KEY WEST FL
TD	JOLLY, MIDGE	18933 MAD BOB RD	SUMMERLAND KEY FL 33042

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-12/11/01--01090--005
*****61.25 *****61.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LANGE, GAZELLE 19551 INDIAN MOUND DR STE 310 SUGARLOAF KEY FL 33042	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/01)

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 _____ Date _____
REGISTERED AGENT MUST SIGN

11. 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.

GAZELLE LANGE, PRES

SIGNATURE: _____ 11-6-01 305 293-8424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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HEALTHY START

Florida Keys Healthy Start Coalition
PO Box 9107, dePoo Hospital
Key West, FL 33041
Tel (305) 293-8424
Fax (305) 293-8542

November 6, 2001

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Gentlemen:

The Monroe County Perinatal Network/Florida Keys Healthy Start Coalition is a non-profit corporation. Unfortunately, we did not receive our 2001 UBR report. We are enclosing the $61.25 fee at this time, and ask that our status be reinstated.

Sincerely,

Niki Kaneff