

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

2001
APPLICATION FOR REINSTATEMENT
**FLORIDA DEPARTMENT OF STATE**
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19631

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	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

800004719478--4
-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.

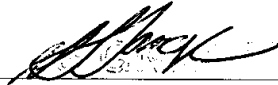
City

State
FL

Zip Code

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



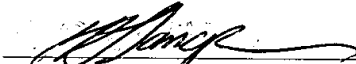
REGISTERED AGENT MUST SIGN

Date

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-6-01

Date

305 293-8424

Daytime Phone #



President: Gazelle Lange
Vice President: Gae Ganister
Secretary: Claudia McEwen, M.D.
Treasurer: Steve Torrence

Board of Directors

AHEC
AIDS Help, Inc.
Child Find
Children's Medical Services
Dept. of Children & Families
Family Resource Center
FK Employment & Training Council
Florida Keys Children's Shelter
Florida Keys Community College
Florida Keys Medical Center
Key West Police Department
Mariner's Hospital
Claudia McEwen, M.D.
Medicaid
Middle/Upper Keys Guidance Clinics
Monroe County Court System
Monroe County Health Dept.
Monroe County School Board
Monroe County Social Svcs
PACE Center for Girls
Parent Resource Organization
Rural Health Network
WomanKind, Inc.

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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