PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

D	OCUMENT	# (123	820	7
4	Compression Name				- (

Big Bend Chapter of the National Sockety of Fund

Raising Executives, Inc.

2. Principal Office Address 2808 Cavan Drive Tallahassee, FL 32308 Suite, Apt. #, etc.

Mailing Office Address 2808 Cavan Drive Tallahassee, FL 32308

Suite, Apt. #, etc.

City & State

City & State

Tallahassee, FL 3030

Zip 32308

Country

Leon

Tallahassee, FL

Zip

32308 Leon

Country

FILED 01 JUN 19 AM 9 13 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

12/11/1987

59-2873430

Applied For Not Applicable

CERTIFICATE OF STATUS DESIRED [

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent Name 06/29/01--01050--0 Alyce Lee Stansbury 50 ****29**°.**50 Street Address (P.O. Box Number is Not Acceptable) 2808 Cavan Drive Suite, Apt. #, Etc.

City

Tallahassee, 🏋

State FL

Zip Code 32308

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

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	Alyce Lee Stansbury	2808 Cavan Drive	Tallahassee, FL 32308
VP	Janet Kahn	572-C Appleyard Drive	Tallahassee, FL 32304
SEC	Sandy Watts	187 Office Plaza Drive	Tallahassee, FL 32301
TREA	Bonnie Flynn	1317 Winewood Blvd. Building #7 Room 319	Tallahassee, FL 32399
ĀĢz: "	Janet Borneman	P.O. Box 5948	Tallahassee, FL 32314
ب ي ^ه 20	Carol Daws	1731 Riggins Road	Tallahassee, FL 32301

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 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