

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 15 PM 6:47

DOCUMENT # **N50910**

1. Corporation Name

**PARTNERS FOR HIGHWAY SAFETY FOUNDATION, INC.**

Principal Place of Business

1920 THOMASVILLE RD.  
SUITE #200  
TALLAHASSEE FL 32303  
US

Mailing Address

1920 THOMASVILLE RD.  
SUITE #200  
TALLAHASSEE FL 32303  
US

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

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-10/26/01--01071--019

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REINSTATEMENT 01

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/18/1992

5. FEI Number

59-3156996

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
ED	BURRIS, PAUL E	1920 THOMASVILLE RD., SUITE 200	TALLAHASSEE FL 32303
CBOD	VANTURE, CHARLES	825 THOMASVILLE ROAD	TALLAHASSEE FL 32303
TBOD	CAMERON, DIANA	225 UNIVERSITY CTR., BLDG C-FSU	TALLAHASSEE FL 32306
BOD	LENARD, PEGGY	SPARROW SPRING ROAD	GASTONIA NC 28053
BOD	MITCHELL, RICHARD SEN	406 10TH AVENUE NW	JASPER FL 32052
BOD	ROCK, LILIA	1861 LOG RIDGE	TALLAHASSEE FL 32312

8. Name and Address of Current Registered Agent

BURRIS, PAUL E  
1920 THOMASVILLE, RD.  
SUITE #200  
TALLAHASSEE FL 32303

9. Name and Address of New Registered Agent

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

*Paul E. Burris*  
REGISTERED AGENT MUST SIGN

Date

10/11/01

AD

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.

SIGNATURE:

*Paul E. Burris*

PAUL E. BURRIS

Date

10/11/01 850 681-0800

Daytime Phone #

CR2E040 (8/01)