

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

02

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JAN 17 AM 9:24

DOCUMENT # N96000004745

1. Corporation Name

TALLAHASSEE AREA CHAPTER OF THE NATIONAL INSTITUTE OF GOVERNMENTAL PURCHASING INC.

REINSTATEMENT

02

Principal Place of Business

Mailing Address

PO BOX 922  
TALLAHASSEE FL 32302-0922

PO BOX 922  
TALLAHASSEE FL 32302-0922



400009006504  
01/17/03--01075--010 \*\*61.25

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

4. Date Incorporated or Qualified To Do Business in Florida

09/12/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

31-1578267

Applied For

City & State

City & State

Not Applicable

Zip Country Zip Country

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	<del>ROGERS, CLARK</del> WILDER, RALPH	<del>790 BLUEBERRY DR</del> 2223 Bellevue Wy	<del>GRAND RIDGE FL 32442</del> TALLAHASSEE FL 32304
<del>BV</del>	<del>CALLAWAY, DAVID</del> MIXON, Rhonda	<del>6416 KINGMAN TRAIL</del> P.O. Box 922	<del>TALLAHASSEE FL 32308</del> 32302
T	<del>SWEET, LISA</del> ARRINGTON, Kim	825 INGLESIDE AVE 9488 Veterans Mem.	TALLAHASSEE FL 32309 32309
S	YOWN, PEGGY	RR 3 BOX 140-D2	MONTICELLO FL 32344
<del>W</del> D	<del>WILGTER, RALPH</del> Rogers, CLARK	<del>2223 BELLEVUE WAY</del> 790 Blueberry DR	<del>TALLAHASSEE FL 32304</del> GRAND RIDGE FL 32442
D	<del>ALGORN, GWEN</del> CALLAWAY, DAVID	<del>2640 NEZ PERCE TRAIL</del> 6416 Kingman TR	<del>TALLAHASSEE FL 32308</del> 32308

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SWEET, LISA  
825 INGLESIDE AVE  
TALLAHASSEE FL 32303

Name Kim ARRINGTON  
Street Address (P.O. Box Number is Not Acceptable) 111 W. Madison St.  
Suite, Apt. #: Etc.  
City TALLAHASSEE State FL Zip Code 32399

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. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

11/9/02

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:

*[Signature]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/9/02

Daytime Phone #

487-9200

CR2E040 (8/02)