

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP -3 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # n98000000568

1. Corporation Name

Southeast Burn Foundation

913 se 5 st.
PO Box 140523

2. Principal Office Address

913 se 5 st.

3. Mailing Office Address

PO Box 140523

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, Fl.

City & State

Gainesville, Fl.

Zip

32601

Country

U.S.

Zip

32614

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida** 1998

5. FEI Number
593492595

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

03/03/04 01051 002 5875

7. Name and Address of Current Registered Agent

Name
Patrick Hoskinson

Street Address (P.O. Box Number is Not Acceptable)
12101 NW CR 236

Suite, Apt. #, Etc.

City
Alachua

State
FL

Zip Code
32615

200040909082
09/03/04--01039--005 **300.00

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

Patrick Hoskinson

REGISTERED AGENT MUST SIGN

Date August 9-1-04

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
C	Jean Lemire	3746 NW 55 Pl.	Gainesville, Fl. 32653
V	John Alexiatis	5113 NW 234 ST.	Newberry, Fl. 32669
S	Dave Hudson	P.O. Box 100335	Gainesville, Fl. 32610
T	Patrick Hoskinson	12101 NW CR236	Alachua, Fla. 32615

REINSTATEMENT 02-04

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 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)(l), 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: Patrick Hoskinson *Patrick Hoskinson* 9/1/04 352 3171447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)