

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 James H. Harris
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

FILED

99 JAN -6 AM 8:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N98000003437**
 1. Corporation Name
AMERICAN COLLEGE OF CARDIOVASCULAR NURSING, INC

Principal Place of Business	Mailing Address
1010 5TH AVE. SOUTH, STE. 302 NAPLES FL 34102	1010 5TH AVE. SOUTH, STE. 302 NAPLES FL 34102



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

2. New Principal Office Address, If Applicable 11219 Rice Creek Road Suite, Apt. #, etc. Riverview, FL 33569 City & State	3. New Mailing Office Address, If Applicable P.O. Box 3345 Suite, Apt. #, etc. Riverview, FL 33568-3345 City & State
Zip Country USA	Zip Country USA

07/23/99 90008011 # 25

4. Date Incorporated or Qualified To Do Business in Florida	06/11/1998
5. FEI Number	65-0845866
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$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
Pres/CEO	(Jonni Cooper, RN, FACCN D)	11219 Rice Creek Road	Riverview, FL 33569
VP/First	(Barbara Furry, RN, FACCN D)	39 Parkside Ct.	Chico, CA 95928
Sec-Treas	(Carol Jacobson, RN, FACCN D)	3324 SW 172nd,	Burien Seattle , WA 98166

8. Name and Address of Current Registered Agent

COOPER, JONNI
 1010 5TH AVE. SOUTH, STE. 302
 NAPLES FL 34102

9. Name and Address of New Registered Agent

Name: Jonni Cooper
 Street Address (P.O. Box Number is Not Acceptable): 11219 Rice Creek Rd
 Suite, Apt. #, Etc.:
 City: Riverview State: FL Zip Code: 33569

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: Jonni Cooper REGISTERED AGENT MUST SIGN Date: 12/1/99

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: Jonni Cooper Date: 12/1/99 (813) 671-8912
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2040 (8-99)