

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001826

1. Corporation Name

NORTH FLORIDA VETERANS RESEARCH CORPORATION, IN
C.

Principal Place of Business

Mailing Address

801 SOUTH MARION STREET
LAKE CITY FL 32025-5898

801 SOUTH MARION STREET
LAKE CITY FL 32025-5898

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/1997

5. FEI Number

59-345-2193

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	NORMAN, ALLINE L	RT. 21, BOX 448	LAKE CITY FL 32024
D	SCHLEHR, JAMES M	801 SOUTH MARION STREET	LAKE CITY FL 32025
D	BHASKAR, GIRISH	801 SOUTH MARION STREET	LAKE CITY FL 32025
D	LEE, MICHAEL	RT. 19, BOX 1030	LAKE CITY FL 32025
D	SOTO, DUFFY	RT. 19, BOX 1030	LAKE CITY FL 32025
D	Vanous, Kenneth L.	801 South Marion	Lake City, FL 32025
D	Meyer, Marlis	801 S. Marion St.	Lake City, FL 32025
C/D	Schilling, Paul	3701 Hwy 47 South	Lake City, FL 32025

8. Name and Address of Current Registered Agent

DOWLING, RUTH
10000 BAY PINES BLVD.
BAY PINES FL 33744

9. Name and Address of New Registered Agent

Name

Street Address

Suite, Apt. #, Etc.

City

REINSTATEMENT

800002708248-8

-12/10/98 State ID Code 006

****238.FL ****238.25

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

Ruth Dowling
REGISTERED AGENT MUST SIGN

Date

Dec. 1, 1998

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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)(f), 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:

Ruth Dowling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-19-98 904-755-3016