

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED

97 NOV 14 PM 12:08
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **5710957**

1. Corporation Name
AIDS FOR LIVING, INC.

Principal Place of Business Mailing Address
**815 STOCKTON ST.
 JACKSONVILLE, FL. 32204**

REINSTATEMENT

FD 00

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

2. New Principal Office Address, If Applicable **N/A**
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable **N/A**
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **6-21-78**

5. FEI Number **59-1826616** 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
SDTC	CHILDERS-BUTLER, GLORIA	2502 DELLWOOD AVE.	JACKSONVILLE, FL 32204
VD	CHILDERS, ELLERY L.	815 STOCKTON ST	JACKSONVILLE, FL 32204
PD	WILTFANG, RICHARD R.	1702 INVERNESS RD.	FERNANDINA BEACH, FL 32034

800002350188--7
 -11/18/97--01032--025
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent
**CHILDERS-BUTLER, GLORIA
 2502 DELLWOOD AVE
 JACKSONVILLE, FL
 32204**

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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 **Gloria Childers Butler** Date
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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: **Gloria Childers Butler** 11-13-97 384-4321
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Gloria Childers Butler

CP2E040 (1/2/95)