

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701390

1. Corporation Name

DISTRICT NO. 9 OF THE FLORIDA NURSES ASSOCIATION, INC.

Principal Place of Business

P O BOX 2551
WEST PALM BEACH FL 33402

Mailing Address

P O BOX 2551
WEST PALM BEACH FL 33402

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/1972

5. FEI Number

59-6179837

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED I

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	DEIDRE KRAUSE	13283 MARCELLA BLVD.	LOXAHATCHEE FL
SD	TAYNTON, NANCY	2594 WABASH DR.	LAKE PARK FL
D	SMITH, KATHLEEN	1484 N MANGONIA DR.	W PALM BCH. FL
TD	HARGETT, DEBORAH A	3635 WHITE HALL DR, #102	WEST PALM BEACH FL 33401
VD	CRAWFORD, DARLENE	3057 E ROAD	LOXAHATCHEE FL 33470

8. Name and Address of Current Registered Agent

HARGETT, DEBORAH A
3635 WHITEHALL DR #102
WEST PALM BEACH FL 33401

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

Deborah Hargett
REGISTERED AGENT MUST SIGN

Date 12-12-99

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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Nancy Taynton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Home 561 622-6631