


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold; margin: 10px 0;">FILED</div> <div style="text-align: left;"> 98 DEC 29 PM 3:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
DOCUMENT # 708606					
1. Corporation Name Licensed Practical Nurses Association of Florida, Inc.					
Principal Place of Business P.O. Box 6475 West Palm Beach, FL 33405			Mailing Address P.O. Box 6475 West Palm Beach FL 33405		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable P.O. Box 18457 Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable P.O. Box 18457 Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 03/09/1965	
City & State Pensacola Florida		City & State Pensacola Florida		5. FEI Number 59-1025397	
Zip 32523	Country USA	Zip 32523	Country USA	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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Office	City / State / Zip		
1	2	3	4		
P	Linda McCreary	3841 Cherry Laurel Dr.	Pensacola, FL 32504		
VP	Joyce Burnett	1467 13th. Ave. N.	Naples, FL 33940		
T	Virginia North	6445 Emerson Ave. Do.	St. Petersburg, FL 33707		
D	Betty Josey	1315 Creech Dr. Apt A	Naples, FL 34103		
D	Isabel Meredith	101 Cashew Court	Longwood FL 32750		
D	Dra Lee Stanton	5846 Magnolia St. N	St. Petersburg, FL 33703		
8. Name and Address of Current Registered Agent Theresa Wildmann 4175 Vielipp Rd West Palm Beach FL 33406 US			9. Name and Address of New Registered Agent Name Linda McCreary Street Address (P.O. Box Number is Not Acceptable) 3841 Cherry Laurel Dr. Suite, Apt. #, Etc. 100002733801--0 City Pensacola State FL Zip Code 32504		
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 Linda McCreary REGISTERED AGENT MUST SIGN			Date Dec. 28, 1998		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
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: Linda McCreary SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 12/28/98 Daytime Phone # 850-478-0359		

CR2E000 (1/98)