

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 182

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 JUN 17 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 718781**

1. Corporation Name

The American Indian Association of Florida, Inc.

2. Principal Office Address

P.O. Box 260

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 260

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32790-0260

Country

US

Zip

32790-0260

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

7/02/70

5. FEI Number

23-7073242

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

12-24

7. Name and Address of Current Registered Agent

Name

Martha Christy

Street Address (P.O. Box Number is Not Acceptable)

855 Big Buck Circle

Suite, Apt. #, Etc.

City

Winter Springs

State

FL

Zip Code

3708

800038206538  
06/23/04--01097--014 \*\*192 50

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Martha A Christy

REGISTERED AGENT MUST SIGN

Date

6-16-04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S/D	Claire Canadian	6924 Holly St.	Zellwood, FL 32798
T/D	Yvonne Horton	4115 Prince Hall Blvd	Orlando, FL 32811
D	Nancy McCane	5246 Davisson Ave.	Orlando, FL 32810
D	Peggy Savage	350 E. Jackson St #1109	Orlando, FL 32801
D	Martha Christy	855 Big Buck Circle	Winter Springs, FL 32708

10. 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:

Martha A Christy

Martha Christy

6-16-04

(407) 695-5810

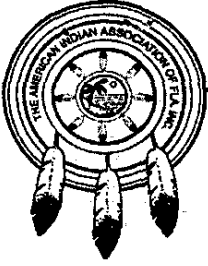
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/04)

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The American Indian Association of Florida, Inc. • PO Box 260 • Winter Park, FL 32790-0260

June 16, 2004

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32314


RE: Reinstatement fee waiver FEI # 23-7073242

To Whom This May Concern:

Our organization has recently learned that our corporate status is listed as dissolved as of 10/4/02 due to unfiled Uniform Business Reports. We did not receive requests for the annual reports (02-04) and, due to changes in officers in the last two years, were unaware of the need for filing these reports. After speaking with a representative from your office, we would like to request a waiver of the reinstatement fees. Please find enclosed our current report and a cashier's check in the amount of \$192.50 (\$183.75 for fee and \$8.75 for Certificate of Status) for reinstatement as soon as possible.

I may be reached at (407) 695-5810, my home telephone, or (407) 810-4376, my cell phone, should you have any questions concerning this request.

Sincerely,

  
Martha A. Christy  
AIA Board Member