

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

99-00



FLORIDA DEPARTMENT OF STATE

Katherine Harris,
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUL 24 AM 8:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 724486

1. Corporation Name

Foster Parent Association of Alachua County

2. Principal Office Address

3006 S.E. 29 BLVD

Suite, Apt. #, etc.

City & State

Gainesville, Florida

Zip

32641

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

99-00

04/22/99 90139 014 #61.25

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

23-7292630

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gail M. Ahearn

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

3006 S.E. 29 BLVD

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32641

300003350343-1

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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

Gail M. Ahearn

Date 5-17-00

REGISTERED AGENT MUST SIGN

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
Pres D	GAIL M. AHEARN	3006 S.E. 29 BLVD Gainesville, FL 32641	Gainesville, FL 32641
V. Pres D	Ron Locke	8919 SW 122 ST	Gainesville, FL 32608
Sec. D	Rudy Chisholm	6521 SW 194 ST	Archer, FL 32618

KE

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:

Gail M. Ahearn - GAIL M. AHEARN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-00

Date

(352) 325 3723

Daytime Phone #