## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

**DIVISION OF CORPORATIONS** 

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # 726954  1. Corporation Name							03 NOV 18 AM 8: 00			
DRUG ABUSE COMPREHENSIVE COORDINATING OFFICE, IN C.							REINSTATEMENT 03			
Principal Place of Business Mailing Addr				ess						
1920 E HILL Suite 200 Tampa FL (	BOROUGH AV	Έ	1920 E HILLBOROUGH AVE SUITE 200 TAMPA FL 33610			•				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							900024796419 11/18/0301020032 ***70,00 <b>////</b>			
2. New Pri	Address, If Applicable	ling Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 07/16/1973					
Suite, Apt. #, etc. Suite, Apt. #				, etc.			5. FEI Number Applied For			
City & State	Э	City & State	City & State			50-1514002		Not Applicable		
Zip		Country	Zip		Country	у	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names a	and Street Ad	dresses of Each Officer and	or Director (Flo	rida nonprofit	corpora	tions must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City	/ State / Zip	
1VP	MALFITANO	101 E. KENNEDY BLVD				TAMPA FL 33602				
##PP P	TERRY, MA	HILLS CO. SHERIFF'S OFFICE				TAMPA FL 33610				
D	WILLIAMS,	ONE TAMPA CITY CENTER				TAMPA FL 33602				
D	JIM WILMO	405 NORTH REO STREET, #240				TAMPA FL 33609				
T	CASPER, S	111 MADISON STREET				TAMPA FL 33602				
S	WHITE, AN	TIME WARNER 525 GRND REGENCY BL			CY BLV	BRANDON FL 33510				
8. Name and Address of Current Registered Agent							Name and Address of New Registered Agent			
JOHNSON, DU WAYNE E 24634 BLAZING TR-WAY LAND O LAKES FL 34639						Name Mary Lynn Wreg  Street Address (P.O. Box Number is, Not Acceptable) 1920 E. Hills borough the Suite 200  Suite, Apt. #. Etc.				
DANU	DINES FL	. 34038				Julie, Apr. #, Elc.		•		
						City				
0. 1, being Signature o	í	registered agent of the abo	ve named corpo	llin	クリン <b>イ</b> ン・・・・	th and accept the ob	ligations of Section	on 607.0505, F.S. or 617.0		

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

SIGNATURE:

Date

Daytime Phone #



Abuse Comprehensive Coordinating Office

Administrative Offices

1920 E. Hillsborough Ave Suite 200

Tampa, Florida 33610-813 / 231-1340

FAX 813 / 231-1360

Chief Executive Officer Mary Lynn Ulrey, MS, ARNP

**Board of Trustees** 

Major Gary Terry, President Michael D. Malfitano, 1st VP Penny Haladay, 2<sup>nd</sup>,VP Susan G. Casper, Treasurer Andrea White, Secretary

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November 13, 2003

Division of Corporations Annual Report/Reinstatement Section Post Office Box 6327 Tallahassee, FL 32314-6327

Drug Abuse Comprehensive Coordinating Office, Inc.

Document # 726954

Attn: Reinstatement Section

Attached is correspondence which I forwarded to your office on October 14. 2003. In that correspondence I had explained our situation of receiving a reinstatement package although we had submitted the annual UBR report and check for \$70.00; a copy of the report and check were included in this. correspondence. I did not hear back from your office as to what my next step should be.

I did reach someone by telephone this week and followed her suggestion. I have put a "stop payment" on the original check and have reissued a check in the same amount. As I did not have another UBR report to complete. I filled out the reinstatement form which we had received. I am asking that the reinstatement fee be waived and that you accept this check in the original amount.

Please advise me of any other action we need to take. This situation has caused our agency a great deal of complication, and I need to get it resolved as soon as possible. We would appreciate your assistance in this matter. I can be reached by telephone at (813) 231-1340, ext. 234 of E-Mail at teris@dacco.org. Thank you for your help.

Sincerely

Teri Simmons

Executive Assistant.











Jg Abuse Comprehensive Coordinating Office

dministrative Offices 20 E. Hillsborough Ave. ite 200 mpa. Florida 33610 3 / 231-1340 X 813 / 231-1360

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ard of Trustees Lijor Gary Terry, President chael D. Malfitano, 1<sup>st</sup> VP nny Haladay, 2<sup>nd</sup> VP san G. Casper, Treasurer drea White, Secretary

I. Davis
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T Vann
Alex White
FLOSIDA DEPARTMENT OF
CHILDREN

& FAMILIES

imas McKell, M.D. o C. Muniz

bara Romano

i A. Sherman Iy Tawii



October 14, 2003

Division of Corporations
Annual Report/Reinstatement Section
Post Office Box 6327
Tallahassee, FL 32314-6327

RE: Drug Abuse Comprehensive Coordinating Office, Inc.

Document # 726954

Attn: Reinstatement Section

I am responding to a reinstatement package received by DACCO last week.

I have attached a copy of the 2003 Not-for-Profit Corporation Uniform Business Report with the noted changes occurring this year. I have also attached a photocopy of the check in the amount of \$70.00 which was included in our report. This package was mailed on the evening of 08/28/03. I personally completed this report and mailed it as I have done since the initial corporation application was filed in 1973.

I have checked with our Finance Department and do not have a copy of a cancelled check. I am asking what my next step should be. I do not feel as though we should be penalized by a reinstatement fee. I have never felt the need to send this report and check by certified mail. Are these copies sufficient as proof that the report was submitted or is there something else I can do.

We would appreciate your assistance in this matter. I can be reached by telephone at (813) 231-1340, ext. 234 or E-Mail at <a href="mailto:teris@dacco.org">teris@dacco.org</a>. Thank you for your help. I look forward to hearing from you.

Sincerely,

Teri Simmons

**Executive Assistant**