P81902

PLEASE READ ALL INSTRUCTIONS BEFORE (

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 FEB -2 PM 12:37

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726995

1. Corporation Name

American Association of Pro Life Obstetricians and Gynecologists, Inc.

000308757330
02/02/18--01016--007 **2318.75

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
6596 East Main Street		P.O. Box 395	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Eau Claire, MI		Eau Claire, MI	
Zip	Country	Zip	Country
49111	USA	49111	USA

4. Date Incorporated or Qualified To Do Business in Florida 07/19/1973

5. FEI Number 23-7347367 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.

City	State	Zip Code
Tallahassee	FL	32301

REINSTATEMENT
1984 - 2018

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: Christa Pugh Assistant Secretary Date: 1/31/18
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
[illegible]	Donna Harrison	6596 East Main Street	Eau Clair/MI/49111
[illegible]	Julie Michelson	6596 East Main Street	Eau Clair/MI/49111
Director	Cara Buskmiller	6596 East Main Street	Eau Clair/MI/49111
Director	Byron Calhoun	6596 East Main Street	Eau Clair/MI/49111
Director	Monique Chireau	6596 East Main Street	Eau Clair/MI/49111
Director	George Delgado	6596 East Main Street	Eau Clair/MI/49111

10. E-mail Address: _____
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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 the reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Christina Francis 01/31/2018 (202)643-4130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FEB 2 2018

M. WILLIAMS

PS 282

Attachment to Florida Corporate Reinstatement

American Association of Pro Life Obstetricians and Gynecologists, Inc.
DOCUMENT# 726995
PO Box 395
Eau Claire, MI 49111
(202)450-0411

Additional Board of Directors for Section 9:

Name/Title	*Address*
Christina Francis Chair of the Board Member	PO Box 395 Eau Claire, MI 49111 (202)450-0411
Mary Kotob Board Member	PO Box 395 Eau Claire, MI 49111 (202)450-0411
Anthony Levatino Board Member	PO Box 395 Eau Claire, MI 49111 (202)450-0411
Jim Linn Board Member	PO Box 395 Eau Claire, MI 49111 (202)450-0411

FEB 2 2018

M. WILLIAMS