PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAR 10 AM 9:56
SECRETARY OF STATE
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DOCUMENT # 739412

1. Corporation Name

Florida State Chapter of the Association of Rehabilitation Nurses, Inc.

Principal Place of Business | Mailing Address

REINSTATEMENT 03-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. P.O. Box 916195	Suite, Apt. #, etc. P.O. Box 916195
City & State Longwood, FL	City & State Longwood FL
Zip 32779 Country U.S.A.	Zip 32779 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 06-16-77

5. FEI Number: 59-1957071 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Judy Harris	3196 Ferns Glen Dr. Tallahassee, FL 32308	Tallahassee, FL 32308
T/D	Ina Fletcher	2836 N.E. 33rd St.	Lighthouse Pt. FL 33064
S	Dorothy Custer	1775 S. Merrimac Dr.	Merritt Island, FL 32927
V/D	Sheryl McCracken	1168 Crispwood Ct.	Apopka, FL 32703
S	Silvia Marshall-Nolt	349 Silver Pine Dr.	Lake Mary, FL 32746
			3/10/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Ina Fletcher
Street Address (P.O. Box Number is Not Acceptable): 2836 N.E. 33rd St.
Suite, Apt. #, Etc.:
City: Lighthouse Pt | State: FL | Zip Code: 33064

CR2E040 (12/96)

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: Ina Fletcher Date: 3/4/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

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)(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: Ina Fletcher Ina Fletcher 3/4/97 (954)946-0503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #