

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV -8 AM 11:24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **759423**

1. Corporation Name

UNITED CEREBRAL PALSY OF NORTH FLORIDA, INC.

Principal Place of Business

Mailing Address

~~C/O FRED E NULL~~ *c/o Kimberly McManus*
 1241 B N EAST AVENUE
 PANAMA CITY FL 32401

~~C/O FRED E NULL~~
 1241 B N EAST AVENUE
 PANAMA CITY FL 32401



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

REINSTATEMENT *22*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/03/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-0855413

Applied For

City & State

City & State

Not Applicable

Zip Country

Zip Country

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	4 City / State / Zip
VD	DUNAWAY, JOHN	P.O. BOX 18225	PANAMA CITY BEACH FL 32417
VD	QUIRK, PAT	2806 CANAL DRIVE	PANAMA CITY FL 32402
SD	HILL, DUB	P.O. BOX 435	LYNN HAVEN FL 32444
PD P	SOWELL, DAN	2323 MOUND AVE	PANAMA CITY FL
P ED	SOWELL, DAN McManus, Kimberly	1600 W 24TH STREET 3740 Edwards Road	PANAMA CITY FL 32405 Southport, FL 32409
VD	WINDHAM, RANDY	415 E 2ND STREET	PANAMA CITY FL 32401

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORTES, STEPHANIE
 1241 B N EAST AVENUE
 PANAMA CITY FL 32401

Name *Kimberly L McManus*
 Street Address (P.O. Box Number is Not Acceptable) *1241 N. East Avenue*
 Suite, Apt. #, Etc. *300008894743*
 City *Panama City* State *FL* Zip Code *32401*
*11/08/02--01104--012 **236.25*

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

Kimberly L McManus
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date *10-24-02*

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:

Kimberly L McManus
SIGNATURE REQUIRED
 Executive Director
 Kimberly L McManus 10-24-02 850-769-7960
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #