

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

98 DEC 21 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762456

1. Corporation Name

FLORIDA POISON INFORMATION CENTER FOUNDATION, INC.

Principal Place of Business

Mailing Address

TGH - RM A324
TAMPA FL 33606
US

P.O. BOX 1288
TAMPA FL 33601
US

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33606

USA

4. Date Incorporated or To Do Business in Florida

5. FEI Number

59-2192088

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	GAAR, GREGORY	4 COLUMBIA DRIVE #810-- Suite 815	TAMPA FL 33606
VD	RIGGS, DAN	4 COLUMBIA DRIVE #860-D	TAMPA FL 33606
ST/D	LANE, MARSHA	209 SOUTH MORGAN STREET 3220 San Nicholas Street	TAMPA FL 33629

REINSTATEMENT

98

TA

12/24/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PELLEGRINO, VICTOR J., ESQ. -----
4830 W. KENNEDY BLVD., SUITE 750 -
TAMPA FL 33609

Name

Natalia Nadal Cruz

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

6200 Courtney Campbell Causeway

Suite, Apt. #, Etc.

Suite 400

City

Tampa

State

FL

Zip Code

33607

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

Natalia Nadal Cruz
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/03/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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)(f), 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:

Gregory G. Gaar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

December 3, 1998 813-251-6911

Date

Daytime Phone #