

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

99 OCT 25 PM 5:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767637

1. Corporation Name

THE FLORIDA WORKFORCE DEVELOPMENT ASSOCIATION,
INC.

Principal Place of Business Mailing Address
100 8TH AVENUE 2141 LOCH RANE BLVD #107
SHALIMAR FL 32570 ORANGE PARK 100 8TH AVENUE
US FL 32073 SAME
SHALIMAR FL 32579



REINSTATEMENT 98-99

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

2. New Principal Office Address, If Applicable 2141 LOCH RANE BLVD #107 Suite, Apt. #, etc. 107 City & State ORANGE PARK FL Zip 32073 Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. SAME City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 03/23/1983	
				5. FEI Number 59-2467722 Applied For <input checked="" type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$2.75 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	REED, MARY-L PATERNO JOSEPH	100 8TH AVENUE 74311 WALDEN CENTER DR #200	SHALIMAR FL 32570 BONITA SPRINGS, FL 34134
VD	ALFANO, JOSEPH GRIGGS, NAN	3405 NW 82 AVE 3405 NW FEDERAL HIGHWAY	MIAMI FL JENSEN BEACH, FL 34557
S/D	GRIGGS, NAN KRESS, MARY HELEN	3405 NW FEDERAL HIGHWAY, SUITE 1 1750 17th St Bldg J-2	JENSEN BEACH FL 34557 JACKSONVILLE, FL 32234
TD	ELZEY, LEE LYNN H. GRAFEL, LYNN	19205 GORTCH BOULEVARD 2141 LOCH RANE BLVD #107	BROOKSVILLE FL ORANGE PARK, FL 32073
			100003033401--4 -11/03/99--01003--015 ****306.25 ****306.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REED, MARY LOU
109 8TH AVENUE
SHALIMAR FL 34620

Name
JOSEPH PATERNO
Street Address (P.O. Box Number is Not Acceptable)
74311 WALDEN CENTER DR
Suite, Apt. #, Etc.
SUITE 200
City
BONITA SPRINGS
State FL Zip Code 34134

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 Joseph Paterno
REGISTERED AGENT MUST SIGN

Date 10/12/99

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)(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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-99 (904) 213-3050 x133
Date Daytime Phone #

CR22040 (9/98)