

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC 21 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000001530

1. Corporation Name

NATIONAL SAFETY COUNCIL

Principal Place of Business

1121 SPRING LAKE DRIVE
ITASCA IL 60143-3201

Mailing Address

1121 SPRING LAKE DRIVE
ITASCA IL 60143-3201

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/21/2000

FBI Number

36-2167809

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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|-----------------------|---|--|----------------------------|
| P | GOANNEL, GERARD F | 1121 SPRING LAKE DRIVE | ITASCA IL 60143 |
| G | BUFE, NOEL G | 1121 SPRING LAKE DRIVE | ITASCA IL 60143 |
| VP C/D | TYSON, PATRICK R | 1121 SPRING LAKE DRIVE | ITASCA IL 60143 |
| VP P/D | MCMILLAN, ALAN C | 1121 SPRING LAKE DRIVE | ITASCA IL 60143 |
| ST VP/D | KAPPMAYER, SCOTT A | 1121 SPRING LAKE DRIVE | ITASCA IL 60143 |
| VC/D | Bullard, Edward D. | 1121 Spring Lake Drive | Itasca IL 60143 |

8. Name and Address of Current Registered Agent

WHITEHEAD, ALTHEA (LEE)
378 CENTERPOINTE CIRCLE
ALTAMONTE SPRINGS FL 32701

9. Name and Address of New Registered Agent

Name
Cathy Anton
Street Address (P.O. Box Number is Not Acceptable)
5401 Kirkman Rd Ste 200
Suite, Apt. #, Etc.
AmSouth Building
City
Orlando
State
FL
Zip Code
32819

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

Scott A. Kappmayer
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

500004765445--9

-01/10/02--01076--013

****236.25 ****236.25

Date 10/18/01

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:

Scott A. Kappmayer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/01

Daytime Phone #

630-725-2007

CR2040 (8/01)