PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM	_			8	Secretar	TMENT OF ST/ y of State onponations	ATE	FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F0500000628 1. Corporation Name								09 APR 30 AM 8: 02		
Ame	erican F	oun	datio	n for	Suicide	Preve	ention, Inc.			
2. Principal Office Address - No P.O. Box # 3. Mailing C						ffice Address			400154336554 04/30/0901007022 ***428.75	
120 Wall Street 1:					120 Wall Street				DEINCTATERENT 06-09	
Suite, Apt. #					Suite, Apt. #,				4. Date Incorporated or Qualified	
22nd Floor 22nd Floor City & State City & State					City & State	<u>)r . </u>			To Do Business in FlorIda 2/3/2005	
	New York, NY New York					, NY			5. FEI Number Applied For 13-3393329 Not Applicable	
Zip	Country			Zip	······································	Country		6 contraction		
10005		USA			10005	_	USA		CERTIFICATE OF STATUS DESIRED	
7. Name and Address of Current Registered Agent Name							☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not			
Norman D. Fine										
Street Address (P.O. Box Number is Not Acceptable) Steinberg Giobal Asset Management										
Suite, Apt. #, Etc. 5100 Town Center Circle, Tower II, Suite 150									received and requesting the reinstatement fee be waived.	
City Boca Raton						State Zip Code 33486				
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob								obligations of section 607.0505 or 617.0503, F.S.		
Signature of Registered Agent REGISTERED AGENT MUST SIGN								Date 4 2 / 09		
9. Names	and Street A	dresses	of Each C	mcer and	Vor Director (Flo	rida nonpro	ofit corporations must	list at lea	least 3 directors) See Attached	
Titles		Name of Officers and/or Directors				Street Address of Each Officer and/or Director				
С	J. Thoma	J. Thomas Bentley				690 Market St., #2302			San Francisco, CA 94104	
vc	David Norton					1 Johnson & Johnson Plaza			za New Brunswick, NJ 08933	
Р	Charles Reynolds, MD					3811 O'Hara St			Pittsburgh, PA 15213	
VP	John Greden, MD					4250 Plymouth Rd			Ann Arbor, MI 48109	
s	J. John Mann, MD					1051 Riverside Drive, Box 42			42 New York, NY 10032	
T	Steven Siple					4327 Paxton Way			Birmingham, AL 35242	
this rei owed b	nstatement ap by the corpora	plication, tion have	the reason been paid	on for diss d and the	olution has beer names of Individ	n eliminated luais listed (i, the corporate name :	satisfies alify for a	provided for in chapter 607 or 617, F.S. I further certify that when filing as the requirements of section 607.0401 or 617.0401, F.S., that all fees r an exemption contained in Chapter 119, F.S. The information indicated ler oath.	

Robert Gebbia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2045

American Foundation for Suicide Prevention

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