

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

16 MAY 13 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F07000005677

1. Corporation Name

American Academy of Professional Coders Chapter Association, Inc

2. Principal Office Address - No P.O. Box #

2222 Sedwick Rd

Suite, Apt. #, etc.

City & State

Durham, NC

Zip

27713

Country

USA

3. Mailing Office Address

2222 Sedwick Rd

Suite, Apt. #, etc.

City & State

Durham, NC

Zip

27713

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/2007

5. FEI Number

20-8526803

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays St

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

700285790957

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Melissa Zender
Asst. Vice President

Date

5/13/16

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Chair	Greg Lindberg	2222 Sedwick Rd	Durham / NC / 27713
			S. HAWKES
			MAY 13 A.M.
			EXAMINER

REINSTATEMENT

2014-2016

10. E-mail Address: shannong@eliglobal.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that any information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Greg Lindberg

Date

5/13/16

239-280-2361

Daytime Phone

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 140850 7586875

AUTHORIZATION :

COST LIMIT : \$ 358.75

ORDER DATE : May 12, 2016

ORDER TIME : 9:37 AM

ORDER NO. : 140850-005

CUSTOMER NO: 7586875

REINSTATEMENT

NAME: AMERICAN ACADEMY OF
PROFESSIONAL CODERS CHAPTER
ASSOCIATION, INC

RECEIVED
DEPARTMENT OF STATE
16 MAY 13 AM 11:12
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT. 62956

EXAMINER'S INITIALS _____