PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FILED. FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 96 DEC 23 AM 9:05 F92000000427 **DOCUMENT #** SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Comoration Name GRAY PANTHERS PROJECT FUND, INCORPORATED Principal Place of Business Malling Address 2025 PENNSYLVANIA AVE., N.W. 2025 PENINSYLVANIA AVE., N.W. SUITE 821 SUITE 821 WASHINGTON DC 20006 WASHINGTON DC 20006 REINSTATEMENT Ow 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 Date Incorporated or Qualified To Do Business in Florida 11/24/1992 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 23-7409915 City & State City & State Not Applicable Ζiρ Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) **AUSTIN TX 78731** C FLYNN, CHARLOTTE 7710 W. RIM DRIVE ED HORNING, DIXIE D 1211 S ST WASHINGTON DC JACOBSON, VIOLET SAN FRANSICO CA 94123 1761 VALLEJO SARASOTA FL 34236 CARLSTEDT, CLIFF 770 S. PALM AVENUE 40000 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name CARLSTEADT, CLIFFORD Street Address (P.O. Box Number is Not Acceptable) 770 S. PALM AVE., #801 SARASOTA FL 34238 Sulte, Apt. #, Etc. City State Zip Code 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 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Yes X No Dept. of Revenue under S. 199.032, Florida Statutes. 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 flying 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: