

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # F96000003177

1. Corporation Name

NATIONAL AIDS BRIGADE, INC.

Principal Place of Business

1205-B TRUMAN AVENUE
KEY WEST FL 33040

Mailing Address

1205-B TRUMAN AVENUE
KEY WEST FL 33040



99 OCT 14 PM 6:16

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/24/1996	
City & State		City & State		5. FEI Number	
Zip		Zip		22-3086712	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PC	STUEN-PARKER, JON	358 K STREET	BOSTON MA 02127
SD	SMITH, PAUL	1205-B TRUMAN AVENUE	KEY WEST FL
TD	MCCRATH, JOSEPH	15 M STREET	BOSTON MA 02127
MD	HARKIN, PAUL	1205-B TRUMAN AVE	KEY WEST FL 33040
<p>900003020039-9 -10/20/99--01082--003 *****61.25 *****61.25</p> <p>10/19</p>			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SMYTH, PAUL 1205-B TRUMAN AVENUE KEY WEST FL 33040		<p>Name: Richard Landers</p> <p>Street Address (P.O. Box Number is Not Acceptable): 1205-B Truman Avenue</p> <p>Suite, Apt. #, Etc.:</p> <p>City: Key West State: FL Zip Code: 33040</p>	

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: *Richard Landers* Date: 10-12-99

REGISTERED AGENT MUST SIGN

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: *Paul Smyth* Date: 10-12-99 (305) 292-024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E940 (8/99)

AIDS

BRIGADE

PREVENTION AND EDUCATION

October 12, 1999
Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Dear Reinstatement Department:

Re: Document #F96000003177
FEI #: 22-3086712

Today we received notification that our non-profit corporation with the State of Florida has been revoked. Unfortunately this was the result of an oversight on our behalf whereby we failed to return our annual report on time. As far as our volunteer staff is aware we did not receive the notice of renewal. However, we have had mail go missing on occasion, unfortunately as an organization that works with substance abusers there are times when these things happen in spite of our best efforts. Regrettably, this is most likely explanation of what happened on this occasion. Clearly, in any event, we should have been aware that our incorporation was due for renewal and we apologize for our lapse.

It is our hope that you may waive the reinstatement fee on this occasion and charge us the regular renewal fee. National AIDS Brigade has been in Key West for three years and this is the first time that we have failed to maintain our non-profit incorporation status. Please consider the fact that we are an all-volunteer organization that works on a shoestring budget: the \$175.00 fee will have to come from funds that are intended to provide prevention and education services. It would be unfortunate if our HIV prevention services were to suffer from our administrative oversight.

Once again we apologize for the inconvenience that we have caused. In order to expedite a solution to this unfortunate situation we have enclosed two checks: one for \$61.25 and one for \$175.00. Please return whichever check you do not need to complete this application. Thank you for your attention to this matter.

Sincerely,

Paul Harkin
Officer

