

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pg 1052

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**FLORIDA NON PROFIT CORPORATION**

FILED

10 JUN 17 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000001151**

1. Corporation Name

**FLORIDA AMPUTEE SUPPORT TEAM, INC**

**REINSTATEMENT 05-10**

**800180498198**

06/17/10--01035--006 \*\*183.50

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

**1721 N.E. 42<sup>ND</sup> ST.**

Suite, Apt. #, etc.

3. Mailing Office Address

**1721 N.E. 42<sup>ND</sup> ST.**

Suite, Apt. #, etc.

**800180498198**

05/06/10--01034--023 \*\*367.50

CR2E081 (4/10)

City & State

**OAKLAND PARK, FL**

City & State

**OAKLAND PARK, FL**

Zip

**33334**

Country

**BROWARD**

Zip

**33334**

Country

**BROWARD**

4. Date Incorporated or Qualified To Do Business in Florida

**2-8-2000**

5. FEI Number

**65-1057419**

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

**MICHAEL WOODWARD**

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

**1721 NE 42<sup>ND</sup> ST.**

Suite, Apt. #, Etc.

City

**OAKLAND PARK**

State

**FL**

Zip Code

**33334**

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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 received and requesting the reinstatement fee be waived.

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

**Michael Woodward**

Date

**5-3-2010**

REGISTERED AGENT MUST SIGN

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
PRES.	LISA STRONG	13350 SW 9 <sup>TH</sup> ST.	DAVIE, FL 33325
V.P	BILL MOSES	13700 SW 14 <sup>TH</sup> ST.	PEMBROKE PINES, FL 33027
SECY	JOANN LITTLE	5716 NW 65 <sup>TH</sup> TERRACE	TAMARAC, FL 33321
TREA	TONI HAMMER	6620 BOCA DEL MAR DR #101	BOCA RATON, FL 33433
DIR	MICHAEL WOODWARD	1721 NE 42 <sup>ND</sup> ST.	OAKLAND PARK, FL 33334
DIR	EDWARD POWERS	3200 NE 36 <sup>TH</sup> ST	FT. LAUDERDALE, FL 33308

10. E-mail Address: **JMWOODEYE1@GOLDSOUTH.NET**

(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., 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.

SIGNATURE:

**Michael Woodward**

☒ NON-RECEIPT OF ANNUAL REPORT FORM REQUEST REINSTATEMENT FEE BE WAIVED.

6/18/10

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15 2082

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

CONTINUED - OFFICER/DIRECTOR

**DOCUMENT #**

1. Corporation Name

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

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

CR2E081 (4/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

**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
DIR	JOSEPH C. HINSON	2911 NE 9 <sup>TH</sup> TERRACE	DAMPAN BEACH, FL 33064

10. E-mail Address:

(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., 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.

SIGNATURE: Michael Woodward