

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N00815**

1. Corporation Name

ANESTHESIOLOGY ALUMNI ASSOCIATION OF FLORIDA, IN C.

Principal Place of Business

Mailing Address

Rebecca
C/O REBECCA LOVELY
P.O. BOX 13417
GAINESVILLE FL 32604
US

C/O REBECCA LOVELY
P.O. BOX 13417
GAINESVILLE FL 32604
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/1984

5. FEI Number

59-2406671

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	FABERWOSKI, LISA Welch, Rebecca	6330 NW 38 TR- 2101 Forest Club Drive	GAINESVILLE FL 32653 Orlando, FL 32804-6507
D	FABEROWSKI, LISA Gravenstein, Nikolaus	6330 NW 38 TERR- 7221 NW 18 Avenue	GAINESVILLE FL 32653 Gainesville, FL 32605-3132
D	ZAPP, MARK Faberowski, Lisa	1584 MISTY LAKE DRIVE - 514 Lowell Avenue	ORANGE FL 32079 - Newton, MA 02460
D	DUNGAN, EDDY Berman, Lawrence	4717 SW 85 DR-- 11 NW 88 Terrace	GAINESVILLE FL 32600 - Gainesville, FL 32607-1454
D	MYERS, MONICA DeSoto, Hernando	11297 LAKE MADRIN CIR E- 8413 Papelon Way	JACKSONVILLE FL 32229 -- Jacksonville, FL 32217
D	NEWSOME, DENNIS	5400 S 164 NW 39 AVE	GAINESVILLE FL 32606

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Rebecca LOVELY, REBECCA Y. 203 HARVARD RD ARCHER FL 32618	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	State
	Zip Code

FL

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

Rebecca Lovely
REGISTERED AGENT MUST SIGN

Date **11.29.01**

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:

Nikolaus Gravenstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-392-3442

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -6 AM 10:41

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REINSTATEMENT 01

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