

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

ppp/oh

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 NOV -3 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **NO1000000206**

**1. Corporation Name**

**North Central Florida Association of the Deaf, INC.**

**2. Principal Office Address**

**2426 NE 14th St #76**

**3. Mailing Office Address**

**2426 NE 14th St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#76**

City & State

**Ocala, FL**

City & State

**Ocala, FL**

Zip

**34470**

Country

Zip

**34470**

Country

**Mason**

**REINSTATEMENT**

CR2E081 (8/05)

**05**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

**not applicable**

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

**Darlene Fitzgerald**

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

**2426 NE 14th St.**

Suite, Apt. #, Etc.

**#76**

City

**Ocala**

State

**FL**

Zip Code

**34470**

**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

**Darlene Fitzgerald**  
REGISTERED AGENT MUST SIGN

Date

**10/18/05**

**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
P	Roxanne Harvell	1204 NE 22nd St	Ocala, FL. 34470
V	Bob Levenson	1727 NE 36th Ave #8	Ocala, FL. 34470
SK	Darlene Fitzgerald	2426 NE 14th St #76	Ocala, FL. 34470

800060828558  
10/20/05--01052--011 \*\*\$1.25

**10. 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:

**Darlene Fitzgerald**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/18/05** (352) 622-9877

Daytime Phone # **TDD**

Page 2 of 2

Mr. Toner,

Nov. 2, 2005

Please waived the \$175.00 fee  
due the prior notices were not  
received,

Thanks,  
Darlene Fitzgerald