

EASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 15 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

W0403000 8921

DOCUMENT # N01000003053

**1. Corporation Name**

National Independent Living Association

**REINSTATEMENT** 02-04

300029864923  
03/04/04--01016--028 \*\*367.50

**2. Principal Office Address**

4203 Southpoint Blvd.

**3. Mailing Office Address**

4203 Southpoint Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

322216

Country

USA

Zip

32226

Country

USA

**4. Date Incorporated or Qualified**

--To Do Business in Florida 2000--

**5. FEI Number**

731389763

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

James D. Clark

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

4203 Southpoint Blvd

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32216

**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

*James D. Clark*  
REGISTERED AGENT MUST SIGN

Date

3/11/04

**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
Ex Dir	Shelly R. Davalos	4203 Southpoint Blvd	Jacksonville, FL 32216
Chair	Dan Brannen	1515 S. Federal Hwy, Suite 213	Boca Raton, FL 33432
V. Cha	Beverlee Kroll	PO Box 6123-1789 W. Jefferson	Phoenix, AZ 85007
Treas	Christina Papaleo	1634 Market Avenue	Canton, OH 44707
Secrtry	Joanne Trinkle	135 Western Ave, Richardson Hall 306	Albany, NY 12222

**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:**

*Shelly R. Davalos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-19-04 (904) 286-1038  
Daytime Phone #

CR2E081 (01/04)