

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC 20 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 002000003437

**1. Corporation Name**

EMERALD COAST CHAPTER OF THE AMERICAN SOCIETY OF  
TRAINING & DEVELOPMENT, INC.

1382 Ruckel Drive  
P.O. Box 1766

**2. Principal Office Address**  
1382 Ruckel Drive

**3. Mailing Office Address**  
P.O. Box 1766

**REINSTATEMENT** 03-04

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Niceville, Florida

City & State  
Niceville, Florida

Zip  
32578

Country  
U.S.

Zip  
325788-1766

Country  
U.S.

**4. Date Incorporated or Qualified  
To Do Business in Florida** 5/02/2002

**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  
Susan Van Buren

Street Address (P.O. Box Number is Not Acceptable)  
1382 Ruckel Drive

Suite, Apt. #, Etc.

City  
Niceville

State  
FL

Zip Code  
32578

**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

*Susan Van Buren*

REGISTERED AGENT MUST SIGN

Date 12/8/04

**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
P	Juda B. McAdoo	1382 Ruckel Drive	Niceville, Florida 32578
V	Leigh Grantham	1382 Ruckel Drive	Niceville, Florida 32578
T	Joanne Jones	1382 Ruckel Drive	Niceville, Florida
V	Dr. Rebecca Spence	1382 Ruckel Drive	Niceville, Florida

**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:

*Susan Van Buren*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/8/04 1850/226-1546

Daytime Phone #

CR2E081 (01/04)