

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2009 JUN 19 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

702119863077  
03/11/08  
REINSTATEMENT  
12/07 03-08

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS  
~~W-8000010322~~

DOCUMENT # N02000003610

1. Corporation Name

NURSES WITH A MISSION, INCORPORATED

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

826 29TH AVE NORTH

3. Mailing Office Address

10111 101ST ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG

City & State

SEMINOLE, FL

Zip

33704

Country

USA

Zip

33772

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5/08/02

5. FEI Number

65-1297722

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

MAURI BARNES

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

826 29TH AVE NORTH

Suite, Apt. #, Etc.

ST. PETERSBURG error mb

City

ST. PETERSBURG

State

FL

Zip Code

33704

☒ The 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

*Mauri Barnes*

REGISTERED AGENT MUST SIGN

Date 2/22/08

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	MAURI BARNES	826 29TH AVE NORTH	ST. PETERSBURG, FL 33704
VP	MARK TEROVICH	10111 101 ST	SEMINOLE, FL 33772
SEC	DEBRA BEBELL	10111 101 ST	SEMINOLE, FL 33772

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 contained in Chapter 119, 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:

*Mauri Barnes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/08

Date

727-709-5670

Daytime Phone #

MAURI BARNES