

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N02000004346**

1. Corporation Name

**CNA STATE USE, INC.**

Principal Place of Business

7810 S DIXIE HWY  
W PALM BCH FL 33405

Mailing Address

7810 S DIXIE HWY  
W PALM BCH FL 33405

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/07/2002**

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. ☐ CERTIFICATE OF STATUS DESIRED

**\$8.75** Additional Fee required  
for a Certificate of Status



**100025465201**  
12/12/03--01063--030 \*\*236.25

FILED  
03 DEC 12 PM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres.	William S. Thompson	Lighthouse for the Blind 7810 South Dixie Highway	West Palm Beach, FL 33405
V.P.	Wayne Coloney	Coloney Bell Engineering 1520 Killearn Ctr Blvd, Ste 200	Tallahassee, FL 32309
Sec/Tre	Jack Gillrup	Chief, Disabled Services 117 W. Duval St. Ste. 205	Jacksonville, FL 32202
Dir.	Tim Ressler	3607 Buckner Court	Tallahassee, FL 32311
Dir.	Robert Dearduff	1854 Newman Lane	Tallahassee, FL 32312

8. Name and Address of Current Registered Agent

**KLETT, STANLEY D**  
7810 S DIXIE HWY  
W PALM BCH FL 33405

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date **December 4, 2003**

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:

**William S. Thompson, President** 12/2/03 (561) 586-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)