

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

03 OCT 28 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000006638**

1. Corporation Name
THE SOUTHERN MOVEMENT FOR INDEPENDENCE, INC.

Principal Place of Business
**624 GLENVIEW DRIVE
TALLAHASSEE FL 32301**

Mailing Address
**PO BOX 3880
TALLAHASSEE FL 32313 8550**



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

2. New Principal Office Address, if Applicable
PO Box 38550

3. New Mailing Office Address, if Applicable
**Suite, Apt. T, etc.
Tallahassee, FL**

City & State
Tallahassee, FL

Zip
32315-8550

Country
USA

REINSTATEMENT

4. Date incorporated or Qualified
to Do Business in Florida
08/30/2002

5. FEI Number
56-2299180

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Street Addresses of Each Office, 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
(P)	John Satchanwhite	12202 N. 24th St., Apt. 414	Tampa, FL 33612
(VP)	Tracy Ackensberger	988 Stonewood Lane	Maitland, FL 32751
(T)	Martha Sheldon	8015 SW 107th Avenue, Apt. 102	Miami, FL 33173
(S)	Joshua Leibowitz	21150 95th Avenue, S., #205	Boca Raton, FL 33428

8. Name and Address of Current Registered Agent	9. Name and Address of Prior Registered Agent
WILSON, LEQUE 8890 DEERLAKE EAST SUITE 1 TALLAHASSEE FL 32312	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. v. etc. City State Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S. or 817.0505, F.S.

Signature of Registered Agent *Joshua Leibowitz* Date **10/21/03**

REGISTERED AGENT MUST SIGN

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 807 or 817, 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 807.0401 or 817.0401, 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)(f), 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: *John Satchanwhite* **John Satchanwhite, President** Date **10/21/03** 813/632-2840
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



THE SOUTHERN MOVEMENT FOR INDEPENDENCE

An organization dedicated to promoting the self-determination
of individuals with developmental disabilities

Funded by the Florida Developmental Disabilities Council, Inc.
Staff Support provided by Wilson Resources, Inc.

John Satterwhite
President/Chairman

Tracy Rackensperger
Vice President

Marta Sheldon
Treasurer

Joshua Leibowitz
Secretary

Board Members:

Wayne Cummings

Chris Drummond

Laura Hinder

Michael Maloney

Stacy Norris

Jeff Salvo

Idell Valdes, Jr

October 16, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed a completed Application for Reinstatement for The Southern Movement for Independence, Inc. along with a check in the amount of \$61.25.

We are respectfully requesting the reinstatement fee be waived since our office did not receive any earlier notification. In January 2003 our offices moved and we were never forwarded or advised that your office had sent us a request for the corporation annual report/uniform business report. If we had received the request, we would have promptly replied.

Thank you for your kind assistance. If you have any questions or need additional information, please let us know.

Sincerely,

John Satterwhite

John Satterwhite
President

Mailing Address:
P.O. Box 38550
Tallahassee, FL 32315

850) 386-2022
850) 386-2812 FAX

DO
Sponsored by United States Department of Health and Human Services
Administration on Developmental Disabilities and the Florida Developmental Disabilities Council, Inc.
Website: www.southernmovement.org