

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 15 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000008434

1. Corporation Name

Southwest Florida Association for the Deaf, Inc.

2. Principal Office Address

N/A

3. Mailing Office Address (152198)

P.O. Box 52198

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

Country

Zip

Country

33915

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3-2003

5. FEI Number

01-0750976

☒ 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

Richard T. Schuler

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

644 SW 19th AVE

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33991-1832

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5-10-06

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.	Richard T. Schuler	644 SW 19th AVE	Cape Coral, FL 33991
VP	Chris M. Hamistra	1537 Covington Cir. E.	Ft. Myers, FL 33919
Secretary	Rachel S. Whitty	1902 SE 13th Street	Cape Coral, FL 33990
Treas.	SCOTT A FARRELL	6551 BRIGHT RD	North Ft. Myers, FL 33917
	<i>[Signature]</i>		

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.

Richard T. Schuler

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-10-06 239-574-8670

Daytime Phone #

VIA Relay-1 866-327-8877