

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 19 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000008434

1. Corporation Name

Southwest Florida Association of the Deaf, Inc

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

880 Bethany Ct. N

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 152198

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Cape Coral, FL

Zip

33919

Country

USA

Zip

33915

Country

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

Christopher Hamstra

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

1537 Covington Cir. E.

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33919

☒ 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.

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01/19/10--01/09/10--020 ***245.00

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

Christopher Hamstra
REGISTERED AGENT MUST SIGN

Date 01-12-2010

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	Christopher Hamstra	1537 Covington Cir. E	Fort Myers, FL 33919
V	Martin E. Rusch	4269 Las Almanos Ave	North Port, FL 34288
S	Rachel Slike	1207 S.E. 6th Street	Cape Coral, FL 33990
T	Joseph Scavo	880 Bethany Ct. N.	Fort Myers, FL 33919

REINSTATEMENT

RH

10. E-mail Address: JRSCAVO@COMCAST.NET

(To be used for future annual report notification)

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. I further certify, 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:

Christopher Hamstra

Christopher Hamstra

01-12-2010 239-267-9962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #