

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 26 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000005764

1. Corporation Name

Sickle Cell Foundation for Enlightenment &
Discovery, Inc.

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

478 Acacia Tree Way

Suite, Apt. #, etc.

City & State

Kissimmee

Zip

34758

Country

US

3. Mailing Office Address

478 Acacia Tree Way

Suite, Apt. #, etc.

City & State

Kissimmee

Zip

34758

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

June 30, 2003

5. FEI Number
45-051956

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

Carla Sinclair- Lewis

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

478 Acacia Tree Way

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34758

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.

800162143168
10/26/09--01006--018 **8.75

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

REGISTERED AGENT MUST SIGN

Date 10/21/09

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 |
|-------------------------|--------------------------------------|---|---------------------|
| President | Carla Sinclair- Lewis | 478 Acacia Tree Way | Kissimmee, FL 34758 |
| Dir | Cynthia Baltmeskis | 108 Anzio Drive | Kissimmee, FL 34758 |
| Dir | Jhana Blackwood | 1860 Merald Green Circle | Oviedo, FL 32765 |
| Dir | Linda Cherisme | 5033 Commander Drive Apt. 623 | Orlando, FL 32822 |
| REINSTATEMENT RH | | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

407-780-4903