

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN - 2 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000010689

1. Corporation Name

National Conference of Gerontological Nurse
Practitioners Foundation, Inc.

2. Principal Office Address - No P.O. Box #
4600 N. Ocean Blvd.

3. Mailing Office Address
4600 N. Ocean Blvd.

Suite, Apt. #, etc.
Suite 206

Suite, Apt. #, etc.
Suite 206

City & State
Boynton Beach

City & State
Boynton Beach

Zip Country
33435 USA

Zip Country
33435 USA

4. Date Incorporated or Qualified
To Do Business in Florida October 14, 2005

5. FEI Number
20-4143087

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
Erik Edward Joh, Esq.

Street Address (P.O. Box Number is Not Acceptable)
4600 N. Ocean Blvd.

Suite, Apt. #, Etc.
Suite 206

City
Boynton Beach

State Zip Code
FL 33435

☐ 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.

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

Date 5-21-09

REGISTERED AGENT MUST SIGN

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
C	Mary Pat Rapp	909 Texas Avenue, #1112	Houston, TX 77002
VC	Barbara Resnick	655 W. Lombard Street	Baltimore, MD 21201
T	MJ Henderson	33 Hillcrest Road	Wakefield, RI 02879
S	Nancy Wilens	1347 Coventry Lane	Northbrook, IL 60062

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:

Mary Pat Rapp

MARY PAT RAPP

5-21-09

561-276-1008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/500