

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

09 MAR 20 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000001995

1. Entity Name
ROCKING FOR PARKINSON'S DISEASE RESEARCH
FOUNDATION INC



Principal Place of Business
1206 OAK STREET N.E.
APT. # 9
ST. PETERSBURG, FL 33701

Mailing Address
1206 OAK STREET N.E.
APT. # 9
ST. PETERSBURG, FL 33701

REINSTATEMENT
2008-2009



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052009 REIN-NP

CR2E099 (1/07)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVICK, STEPHANIE B
1206 OAK STREET N.E.
APT. # 9
ST. PETERSBURG, FL 33701

540 Carillon Pkwy #3006
St Petersburg, FL 33716

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Stephanie B. Levick - President

3/10/09

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LEVICK, STEPHANIE B
1206 OAK ST. N.E. APT. # 9
ST. PETERSBURG, FL 33701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
SCOTT KRAVETZ
6445 8th Ave N
St Petersburg FL 33710 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
PARKER, GERROLD R
6135 7th Ave N
ST. PETERSBURG, FL 33707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Executive Director
Josh Newberg
508 South Glen Ave #3
TAMPA, FL 33609 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
PATEL, SHIVAS H
8359 86TH WAY N.
PINELLAS PARK, FL 33781 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900145996009
03/17/09--01014--012 **157.50 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Stephanie B. Levick

3/10/09

727-251-6898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #