

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 APR 10 AM 10:33

DOCUMENT # N070000009167

1. Corporation Name

IRIS Region South NFP, Inc.

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

8 South Michigan Avenue

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 1000

Suite, Apt. #, etc.

City & State

Chicago, IL

City & State

Zip

60603

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/17/2007

5. FEI Number

☒ 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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☒ 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

*Matthew Young*

**Matthew Young**  
as its agent

Date

4/10/09

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
Execut	Sandy Dixon	8 South Michigan Avenue, Ste. 1000	Chicago, IL 60603
Vice Di	Anna Jacoby	8 South Michigan Avenue, Ste. 1000	Chicago, IL 60603
Secret	Debbe Daley	8 South Michigan Avenue, Ste. 1000	Chicago, IL 60603
Treas	Renee Pratta	8 South Michigan Avenue, Ste. 1000	Chicago, IL 60603

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:

*Sandy Dixon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EXEC. DIR.

Date

3/19/09

Daytime Phone #

303 674-8267