

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO7000009233**

1. Corporation Name

Florida Borderline Personality Disorder Associator

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

233 3rd Street North

Suite, Apt. #, etc.

#103

City & State

St. Petersburg, FL

Zip

33701

Country

US

3. Mailing Office Address

N/A

Suite, Apt. #, etc.

City & State

600156939916
06/09/09--01002--005 **122.50

REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/2007

5. FEI Number
45-0572897

☐ 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

Amanda L. Smith

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

227 7th Avenue NE

Suite, Apt. #, Etc.

#6

City

St. Petersburg, FL

State

FL

Zip Code

33701

☒ 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

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
Pres	Amanda L. Smith	233 3rd St. North #103	St. Petersburg, FL 33701
VP	Edward N. Matisik	233 3rd St. North #103	St. Petersburg, FL 33701
T	Michael Ell	233 3rd St. North #103	St. Petersburg, FL 33701

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:

Amanda L. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/5/09

Daytime Phone #

(941) 704-4328