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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 AUG -4 PM 2:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N07096

1. Corporation Name
Sickle Cell Disease Association, Upper Pinellas, Pasco and Hernando
Counties, Inc.
611 Druid Rd E

REINSTATEMENT 02-04

900039538599
07/26/04--01075--002 **183.75

2. Principal Office Address 611 Druid Rd E		3. Mailing Office Address	
Suite, Apt. #, etc. Suite 302		Suite, Apt. #, etc.	
City & State Clearwater, FL		City & State	
Zip 33756	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 5932119223	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Teresa Y Norton	
Street Address (P.O. Box Number is Not Acceptable) 611 Druid Rd	
Suite, Apt. #, Etc. Suite 302	
City Clearwater	State FL
	Zip Code 33756

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 7/8/04

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
P	Teresa Y Norton	611 Druid Rd E, Suite 302	Clearwater, FL 33756
VP	Jessie LaPread	611 Druid Rd E, Suite 302	Clearwater, FL 33756
S	Linda Miller	611 Druid Rd E, Suite 302	Clearwater, FL 33756
T	Frances Powell	611 Druid Rd E, Suite 302	Clearwater, FL 33756

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 under section 119.07(3)(i), 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:  TERESA Y NORTON Date 7/8/04 Daytime Phone # 727-469-8856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)



**SICKLE CELL DISEASE ASSOCIATION
UPPER PINELLAS/PASCO/HERNANDO COUNTIES**

Druhill Professional Center
611 Druid Rd East, Suite 303
Clearwater, FL 33756
(727) 461-7626

July 8, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314.

RE: REINSTATEMENT FOR DOCUMENT #N07096, FEI 59-32119223

Dear Sir/Madam:

I am requesting that the reinstatement fee be waived for the above-referenced organization. The previous registered agent became ill and was living with a relative and no longer participating in the organization, so no information was provided to the organization regarding renewal of registration. Additionally, the organization utilized a PO Box that this same individual had the only key to, so mail was not forwarded to the organization.

I am enclosing a Corporate Reinstatement Application, a check in the amount of \$183.75 for annual report fees.

Should you need contact me, I can be reached at:

Office (727) 469-8856, Mobile (727) 243-7226, Email tynorton@nei-inc.com.

Sincerely,

Teresa Norton
President

(S...)

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