

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N11836

FILED  
Jul 18, 2007  
Secretary of State

**Entity Name:** SPINA BIFIDA ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:**

807 CHILDRENS WAY  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

807 CHILDRENS WAY  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

**FEI Number:** 59-2668177 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KING, STEPHANIE  
807 CHILDRENS WAY  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

QUINONES, MARIA  
807 CHILDRENS WAY  
JACKSONVILLE, FL 32207 US

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.

SIGNATURE: MARIA QUINONES

07/18/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KING, STEPHANIE  
Address: 807 CHILDRENS WAY  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D ( ) Delete  
Name: REINARTS, ROBIN  
Address: 3685 STAR LIGHT AVE.  
City-St-Zip: MERRIT ISLAND, FL 39253

Title: D (X) Delete  
Name: GORE, DIANNE  
Address: P O BOX 151038  
City-St-Zip: TAMPA, FL 33684

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: QUINONES, MARIA  
Address: 807 CHILDRENS WAY  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: BOD (X) Change ( ) Addition  
Name: ERHARD, MICHAEL  
Address: 807 CHILDRENS WAY  
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA QUINONES

D

07/18/2007

Electronic Signature of Signing Officer or Director

Date