

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

6

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FOR
REINSTATEMENT

DOCUMENT # N12138

1. Corporation Name

THE NORTHEAST FLORIDA PARENTS OF THE VISUALLY IMPAIRED, INC.

00 NOV 13 AM 9:36

Principal Place of Business

Mailing Address

12237 BEAVER RUN DR
JACKSONVILLE FL 32225
US

12237 BEAVER RUN DR.
JACKSONVILLE FL 32225
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



03-21-00 90088 038 \$61.25

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/18/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2677799

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PO	MCDONALD, MELANIE F	12237 BEAVER RUN DR.	JACKSONVILLE FL 32225
PD	ELDRIDGE, CATHY	5253 ALL OAKS CT.	JACKSONVILLE FL 32258
VD	BROCK, RHONDA	3636 FT PEYTON CIR	SAINT AUGUSTINE FL 32086
VD	Elise Nowikowski	2405 Laurel Rd	Jacksonville, FL 32207

8. Name and Address of Current Registered Agent

MCDONALD, MELANIE F
12237 BEAVER RUN DR.
JACKSONVILLE FL 32225

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

MELANIE F MCDONALD

Date

11-9-00

REGISTERED AGENT MUST SIGN

11. 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:

MELANIE F MCDONALD

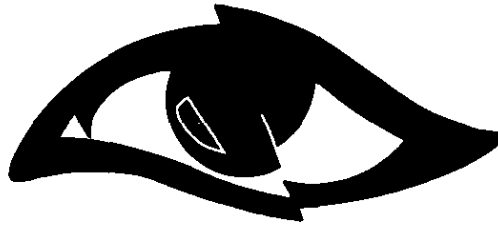
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/9/00

Daytime Phone #

904/6459407



**NORTHEAST FLORIDA
PARENTS OF THE
VISUALLY IMPAIRED**

November, 9, 2000

Florida Department of State
Division of Corporations
Tallahassee, FL 32314

To Whom It May Concern:

It was recently brought to my attention that our 2000 report had not been filed and our status as a non-profit organization was being dissolved.

This oversight occurred due to the fact that we thought since our fee check for \$61.25 had cleared, we had filed correctly and everything was set for this year.

I could find no correspondence that stated otherwise.

I would like to respectfully ask that you waive our reinstatement fee and allow this report attached to this letter to be filed.

We will, as we have always done in the past, respond in a timely manner to correspondence received from your office.

Respectfully yours,

Melanie McDonald, Pres.