

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N17799**

1. Entity Name  
**FLORIDA ASSOCIATION FOR EDUCATION AND  
REHABILITATION OF THE BLIND AND VISUALLY  
IMPAIRED, INC.**



FILED

08 OCT 13 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**2578 CANVASBACK COURT  
TALLAHASSEE, FL 32308 US**

Mailing Address  
**2678 CANVASBACK  
TALLAHASSEE, FL 32308 US**

2. Principal Place of Business - No P.O. Box #  
**2731 Blair Stone Rd.  
Suite, Apt. #, etc.  
#47**

3. Mailing Address  
**PO Box 12772  
Suite, Apt. #, etc.**

City & State  
**Tallahassee, FL**

City & State  
**Tallahassee, FL**

Zip  
**32301**

Country  
**US**

Zip  
**32317-2772**

Country  
**US**



**REINSTATEMENT 8**

6. Name and Address of Current Registered Agent  
**NEWCOMB, EUGENE R  
2678 CANVASBACK COURT  
TALLAHASSEE, FL 32308  
2731 Blair Stone Rd. #47  
32301**

4. FEI Number  
**62-1305677**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$61.25  
After January 1, 2009, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
**Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEWCOMB, EUGENE 2578 CANVASBACK COURT TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2731 Blair Stone Rd. Tallahassee, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP BROWN, LAURA 1201 PALM AVE TAMPA, FL 33605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200136872052 10/13/08--01043--006 ***61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE BROWN, CHERYL 1106 WEST PLATT STREET TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HADSELL, JENNIFER 434 NORTH TAMPA AVE ORLANDO, FL 32805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STASIK, LINDA 3782 SIERRA DRIVE MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMATUZZI, JANET 5373 BRIDGE ROAD PORT ST. JOHN, FL 32927 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eugene R. Newcomb **Eugene R. Newcomb** 10/9/08 850/321-7273  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER** Date Daytime Phone #