

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY 12 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N23067**

1. Corporation Name

Deaf Service Center Association, Inc.
W98-9001

Principal Place of Business

Mailing Address

Deaf Service Center of S.W. Fla
12995 S. Cleveland Ave., Suite 105-D
Fort Myers, Fl. 33907-3890

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

REINSTATEMENT 9698

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P.D.	Ron Opatich	Deaf Service Center of S.W. Fl 12995 S. Cleveland Ave. Suite 105-D	Ft. Myers, Fl 33907-3890
V.P.D.	Jerry Conner	Friends of the Deaf Service, Inc. 7190-76th Street North	Pinellas, Brk, Fl. 33780
S.D. (Active)	Carol Moyer	Hearing Impaired & Persons of Charlotte Co 3596 Tamiami Trail, Suite E	Port Charlotte, Fl 33952-8252
T.D.	David Killam	Deaf Services Bureau 1320 S. Dixie Highway Suite 760	Miami, Fl 33146
			300002521698--5 -05/13/98--01051--002 ***358.75***358.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Ron Opatich
Street Address (P.O. Box Number is Not Acceptable)
12995 S. Cleveland Ave., Suite 105-D
Suite, Apt. #, Etc.
City
Ft. Myers State
FL Zip Code
33907-

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

Ron Opatich
REGISTERED AGENT MUST SIGN

Date

2-4-98 3870

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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: *David L. Killam*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/98
Date

805-668-4407
Daytime Phone #

Treasurer

CR 6040 (12/96)