

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

10/2

OCT 24 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26184

Corporation Name

Polk, Hardee and Highlands AIDS
Services and Education, Inc.

Principal Office Address

535 W. County Road 540A

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 7755

Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

Lakeland, Florida

Country

Polk

Zip

33807-7755

Country

Polk

4. Date Incorporated or Qualified
To Do Business in Florida

04/29/1988

5. FEI Number

59-2907200

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kristi Mullis

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

2703 Derbyshire Avenue

Suite, Apt. #, Etc.

City

Lakeland

State
FL

Zip Code

33803

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

REGISTERED AGENT MUST SIGN

Date 10/23/01

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
1D	Laura Safford	1105 Hunt Avenue	Lakeland, FL 33801
1D	Paul Scoggins	800 E. Rd 540 A, Lot #70	Lakeland, FL 33813
1D	Kristi Mullis	2703 Derbyshire Avenue	Lakeland, FL 33803
1D	Suzanne Harris	94 Woodside Drive	Lakeland, FL 33813

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:

Kristi Mullis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/01

Date

863-284-2010
Daytime Phone #

Creation (8/00)



2002 OCT 24 RECD
Express Mail

October 23, 2001

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Polk, Hardee and Highlands AIDS Services and Education, Inc.
Reinstatement of Corporation

Dear Sir/Madam:

This letter is to request that the reinstatement fee be waived for the non-profit corporation referenced above. We ask that you consider this request since the mailing address on the previously submitted reports had changed, as did the treasurer. As a result we did not receive the notice.

Thank you for your consideration.

Sincerely,

Kristi Mullis
Treasurer