

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB -9 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N28760

1. Corporation Name

TALLAHASSEE CHAPTER OF THE FLORIDA ASSOCIATION OF  
CRIMINAL DEFENSE LAWYERS, INC.

Principal Place of Business

217 NORTH FRANKLIN BLVD  
TALLAHASSEE FL 32301  
US

Mailing Address

217 NORTH FRANKLIN BLVD  
TALLAHASSEE FL 32301  
US



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/07/1988

5. FEI Number

59-2911479

Applied For

Not Applicable

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	WAY, ETHAN	217 NORTH FRANKLIN BLVD	TALLAHASSEE FL 32301
TD	GREENBERG, RICHARD	P.O BOX 925	TALLAHASSEE FL 32302
<del>S</del>	<del>GABNER, KATHY</del>	<del>210 SOUTH MONROE STREET</del>	<del>TALLAHASSEE FL 32301</del>
<del>D</del>	<del>LEBOUE, DEAN</del>	<del>863 EAST PARK AVENUE</del>	<del>TALLAHASSEE FL 32301</del>
D	Dombrowsky, Alex	908 Thomasville Rd	Tallahassee, FL 32303
300028392533 02/09/04--01012--005 **297.50			

8. Name and Address of Current Registered Agent

WAY, ETHAN ANDREW  
217 NORTH FRANKLIN BLVD  
TALLAHASSEE FL-32301

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1/26/2004

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:

RAG Richard A. Greenberg

Date

1/9/04

Daytime Phone #

681-9848

CR2E040 (7/03)