

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

APPLICATION FOR (P-117) REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS	97 FEB 14 PM 2:07
DOCUMENT # N 31126			
1. Corporation Name TALLAHASSEE DIETETIC ASSOCIATION, INC.			
Principal Place of Business		Mailing Address	
2. New Principal Office Address, If Applicable 7339 WEDNESDAY ST Suite, Apt. #, etc. TALLAHASSEE, FL City & State		3. New Mailing Address, If Applicable 2339 WEDNESDAY ST. Suite, Apt. #, etc. TALLAHASSEE, FL City & State	
Zip 32308	Country USA	Zip 32308	Country USA
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
4. Date Incorporated or Qualified To Do Business in Florida 3/10/89			
5. FEI Number 590-30-3200			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
DP	BAKIES, ROBERTA	2400 SILVER PALM LANE	TALLAHASSEE, FL 32308
DV	REED, CATHY	2004 MORNING-DOVE ROAD	TALLAHASSEE, FL 32312
S	QUINSEY, RICK	3002 PINE TIP ROAD	TALLAHASSEE, FL 32312
DT	JAMES, LYNN	401 LOCKSLEY LANE	TALLAHASSEE, FL 32312
REINSTATEMENT (P-117)			
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent <i>Christine A. Stappell</i>	
		Name CHRISTINE A. STAPELL Street Address (P.O. Box Number is Not Acceptable) 2339 WEDNESDAY ST. Suite, Apt. #, Etc.	
		City TALLAHASSEE	State FL Zip Code 32308

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*Christine A. Stappell*

REGISTERED AGENT MUST SIGN

Date

January 22 1997

CR2040 (12/95)

1. 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Lynn James*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYNN JAMES

1/22/97 (904)386-2454

Date

Daytime Phone #