

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 97 FEB 14 PM 2:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N31126 1. Corporation Name TALLAHASSEE DIETETIC ASSOCIATION, INC.				100002090711--8 -02/18/97--01082--006 *****420.00 *****420.00 100002090711--8 -02/18/97--01082--007 *****61.25 *****61.25 DO NOT WRITE IN THIS SPACE	
Principal Place of Business		Mailing Address			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 2339 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		4. Date Incorporated or Qualified To Do Business in Florida 3/10/39 5. FEI Number 590-30-3200 Applied For Not Applicable	
Zip 32308	Country USA	Zip 32308	Country USA	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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
DP	BAKES, ROBERTA	2400 SILVER PALM LANE	TALLAHASSEE, FL 32308		
DN	REED, CATHY	2004 MORNING DOVE ROAD	TALLAHASSEE, FL 32312		
S	QUINSEY, RICK	3602 PINE TIP ROAD	TALLAHASSEE, FL 32312		
DT	JAMES, LYNN	401 LOCKSLEY LANE	TALLAHASSEE, FL 32312		
REINSTATEMENT B-97					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent Name CHRISTINE A. STAPPELL 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 <i>Christine A. Stappell</i> REGISTERED AGENT MUST SIGN			Date January 20, 1997		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: <i>Lynn James</i> LYNN JAMES 1/22/97 (904) 386-2454 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E040 (12/95)