

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 13 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N32223**

**1. Corporation Name**

FAMILY NETWORK ON DISABILITIES OF CITRUS COUNTY, INC.

**2. Principal Office Address**

108 S. APOPKA AVE.

Suite, Apt. #, etc.

**3. Mailing Office Address**

P.O. BOX 357

Suite, Apt. #, etc.

City & State

INVERNESS, FL

City & State

INVERNESS, FL

Zip

34452

Country

CITRUS

Zip

34451-0357

Country

CITRUS

**4. Date Incorporated or Qualified**

To Do Business in Florida 5/10/1989

**5. FEI Number**

59-3169571

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

SALLY POTEETE

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

7700 E. ALLEN DRIVE

Suite, Apt. #, Etc.

City

INVERNESS

State

FL

Zip Code

34450

300032621823  
04/13/04--01091--021--3358.75

**8.** 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

*Sally Poteete*

Date

4-6-04

REGISTERED AGENT MUST SIGN

**9. 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
P	SALLY POTEETE	7700 E. ALLEN DR.	INVERNESS, FL 34450
P	PAM BURKE	978 E. RAY STREET	HERNANDO, FL 34442
VD	KAREN HUSCHER	514 HIAWATHA AVE.	INVERNESS, FL 34450
D	PAMELA WAINWRIGHT	3580 S. OAKDALE TERRACE	INVERNESS, FL 34451
D	SANDRA DAYTON	P.O. BOX 427	FLORAL CITY, FL 34436

**10.** 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:**

*Sally Poteete*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-6-04 352-637-3635

Daytime Phone #

CR2E081 (01/04)