

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 JUL 31 AM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N36501

1. Corporation Name

National Graves' Disease Foundation, Inc.

2. Principal Office Address - No P.O. Box #  
84 Streamside Drive

3. Mailing Office Address  
84 Streamside Drive

Suite, Apt. #, etc.  
P.O. Box 1969

Suite, Apt. #, etc.  
P.O. Box K69

City & State  
Brevard, NC Hendersonville, NC

City & State  
Brevard, NC Hendersonville, NC

Zip  
28712

Country  
Hendersonville, NC  
Transylvania

Zip  
28791  
28712

Country  
Hendersonville, NC  
Transylvania

4. Date Incorporated or Qualified  
To Do Business in Florida 02-07-1990

5. FEI Number  
56-3009617

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  
Nancy H. Patterson

Street Address (P.O. Box Number is Not Acceptable)  
11647 Summer Haven Blvd North

Suite, Apt. #, Etc.

City  
Jacksonville

State  
FL

Zip Code  
32258

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 Nancy H. Patterson

Date 7-25-07

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
D	Nancy H. Patterson	84 Streamside Drive	Hendersonville, NC Brevard, NC 28712 28791
D	Lee Rice	11647 Summer Haven Blvd North	Jacksonville, FLA 32258
D	Clinton D. McCord, Jr.	3200 Downwood Circle	Atlanta, GA
D	Kathy Jones	11647 Summer Haven Blvd North	Jacksonville, FLA 32258
D	Robert L. Bucher	11647 Summer Haven Blvd North	Jacksonville, FLA 32258

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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 contained in Chapter 119, 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: Nancy H. Patterson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-07 828-698-8422  
Date Daytime Phone #

Nancy H. Patterson

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