

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 11 AM 9:07

DOCUMENT # **N42070**

1. Corporation Name

~~Assoc of N.E. Fla~~  
**Association of Operating Room Nurses of Northeast Florida, Inc.**

2. Principal Office Address  
**6404 Colgate Rd.  
Jacksonville, FL 32217**  
Suite, Apt. #, etc.

3. Mailing Office Address  
**Same**  
Suite, Apt. #, etc.

City & State  
**Jacksonville, Fla**  
Zip  
**32217**  
Country  
**USA**

City & State  
**Jacksonville Fla**  
Zip  
**same**  
Country  
**Dual**

**REINSTATEMENT 98-60**

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

5. FEI Number  
**74-2653838**  
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  
**Margaret Larson**  
Street Address (P.O. Box Number is Not Acceptable)  
**4035 Buckskin Ln E**  
Suite, Apt. #, Etc.  
**Jacksonville**  
City

**300003271309-2**  
**-05/31/00--01016--002**  
**\*\*\*\*358.75 \*\*\*\*393.75**

State  
**FL**  
Zip Code  
**32277**

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  
**Margaret Larson**  
REGISTERED AGENT MUST SIGN

Date **4/12/2000**

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
<del>President</del>	<del>Constantine Valerios</del>	<del>8184 Ft Lee Trail</del>	<del>Jacksonville, FL 32214</del>
<del>1st Vice</del>	<del>Susan Brooks</del>	<del>6404 Colgate Rd.</del>	<del>Jacksonville, FL 32217</del>
<del>2nd Vice</del>	<del>Ann Wong</del>	<del>13888 Harawa Park Ct.</del>	<del>Jacksonville, FL 32224</del>
<del>Treasurer</del>	<del>Margaret Larson</del>	<del>4035 Buckskin Ln E</del>	<del>Jacksonville, Fla 32277</del>
<del>Board Member</del>	<del>Pamela Kreeger</del>	<del>1527 Vista Cove Rd.</del>	<del>St Augustine, FL 32095</del>
<del>Board member</del>	<del>Linda K Connelly</del>	<del>65 Tallwood Rd</del>	<del>Jax Beach, FL 32250</del>

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: **Susan Brooks (Susan E. Brooks)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-17-00**  
Daytime Phone # **904 733-8889**

CR2E081 (9/99)