

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 02 OCT 23 AM 10:20

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46685

1. Corporation Name

**Planned Parenthood Voice for Choice Action Fund
of South Palm Beach & Broward Counties, Inc.****ATTN: Mary Capobianco, President & CEO**2. Principal Office Address
455 NW 35th Street3. Mailing Office Address
455 NW 35th Street

Suite, Apt., etc.

Suite, Apt., etc.

City & State

Boca Raton FL

City & State

Boca Raton FLZip
33431

Country

Zip
33431

Country

4. Date Incorporated or Qualified
To Do Business in Florida **1/03/1992**5. FEI Number **650330994**

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 **Mary Capobianco President & CEO**

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

455 NW 35th Street

Suite, Apt., Etc.

City

Boca Raton

State

FL

Zip Code

33431

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

Date

9/16/02

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	Nancy Hurlbert	1153 SW 25th Avenue	Delray Beach, FL 33442
V	Barbara Herring	6631 NE 21st Ave	Ft. Lauderdale, FL 33308
S	Estelle Loewenstein	319 Palm St.	Hollywood, FL 33019
T	Lora "Skeets" Friedkin	7267 Mandarin Drive	Boca Raton, FL 33433
D	Patsy Berman	21174 Hamlin Dr.	Boca Raton, FL 33433
D	Lawanda Joseph	2112 Tyler St. # 112	Hollywood, FL 33020
D	Carol Tolomeo	3150 Holiday Springs Blvd. Bldg. 8, # 11	Margate, FL 33063
D	Vivian Burch	7469 Kingsley Ct.	Lake Worth, FL 33467
D	Marcia Lafond	4570 NE 3rd Avenue	Ft. Lauderdale, FL 33334

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: **Vivian Burch (Director)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/16/02 561-963-4812

Daytime Phone #

CR2E081 (8/01)