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

1997 DEC -8 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46777

1. Corporation Name

SISTERS IN RECOVERY, INC.

W97-26689

Principal Place of Business
6211 MEMORIAL HWY
TAMPA, FL 33615

Mailing Address

REINSTATEMENT 96-97 TLH 12/8/97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
690 FRIDAY RD
Suite, Apt. #, etc.
City & State
COCOA, FL
Zip 32926 Country BREVARD

3. New Mailing Office Address, If Applicable
SAME
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 1/10/92

5. FEI Number 59-3106836 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

900L00231599O9---4
-12/11/97-60095--023
****297.50 ****297.50

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	4
D	MARTHA HINKLEY	492 DEMPSEY DR	COCOA, FGL 32931
D	DEBBIE SPEIDEL M.D.	105 STH. BANANA DR	COCOA BCH, FL 32931
D	KATHLEEN GALLAGHER	390 NARRAGANSETT ST NE	PALM BAY, FL 32907
D	MYRON A. HARMON	2121 BARCELONA WAY SOUTH	ST PETERSBURG, FL 33712
D	LORETTA HARMON	2121 BARCELONA WAY SOUTH	ST PETERSBURG, Fl 33712
D	BARBARA DALEY	690 FRIDAY RD.	COCOA, FL. 32926

8. Name and Address of Current Registered Agent

BARBARA DALEY
6211 MEMORIAL HWY
TAMPA, FL 33615

9. Name and Address of New Registered Agent

Name
BARBARA DALEY
Street Address (P.O. Box Number is Not Acceptable)
690 FRIDAY RD
Suite, Apt. #, Etc.
City COCOA, FL State FL Zip Code 32926

CR2E040 (12/95)

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 Barbara Daley
REGISTERED AGENT MUST SIGN

Date 11/25/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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: Barbara Daley BARBARA DALEY DIRECTOR 11/25/97 407-639-6051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #