

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 FEB -5 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46847**

1. Corporation Name

FLORIDA STATE CRB CHAPTER, INC.

900087711409
02/08/07--01005--027 **796.25

REINSTATEMENT

95-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

4141 S. TAMiami TRAIL

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

Zip

Country

34231

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-16-1992

5. FEI Number

59-3098978

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

JOHN C. GOEDE, ESQ.

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

10001 TAMiami TRAIL N. #118

Suite, Apt. #, Etc.

NAPLES, FL 34108

City

State

FL

Zip Code

☒ 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

REGISTERED AGENT MUST SIGN

Date **1-31-2007**

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
PD	JOSEPH BALLARINO	10001 TAMiami TRAIL N.	NAPLES, FL 34108
VPD	JEFF GAINES	1211 E. BROWARD BLVD.	FT. LAUDERDALE, FL 33301
SD	LAURIE NEIMAN	8106 US Hwy 19	PORT RICHEY, FL 34668
TD	LOUIS LUDWIG	20801 RAMITA TRAIL	BOCA RATON, FL 33433

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-2007 239-435-9000

Date

Daytime Phone #