

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 10 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47662

1. Corporation Name

Charlotte HIV-Aids Network

2. Principal Office Address

17506 Brighton Avenue

3. Mailing Office Address

P.O. Box 495523

Suite, Apt. #, etc.

E

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

Zip

33954

Country

US

Zip

33949-5523

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0324748

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Edward C. Pazicky C/O Patricia O'Meara

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

17506 Brighton Ave.

Suite, Apt. #, Etc.

Suite E

City

Port Charlotte

State

FL

Zip Code

33954

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

Edward C. Pazicky

REGISTERED AGENT MUST SIGN

Date

1/5/05

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
President	Michael R. Ponzio	3037 Pinetree	Port Charlotte, FL 33952
Vice-President	Mary DiMeola	21499 Ironton Ave	Port Charlotte, FL 33952
Treasurer	Maggie Probst	1865 Faust Drive	Englewood, FL 34224

REINSTATEMENT 03-06

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:

Michael R. Ponzio

Michael R. Ponzio

1-5-2005

625-2437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



C.H.A.N., Inc.
Charlotte HIV/AIDS Network, Inc.

Phy 2002

**17506 Brighton Avenue, Suite E
Port Charlotte, FL 33952
941-625-2437 (office)
941-625-6650 (FAX)**

January 6, 2005

CERTIFIED MAIL

Re: Document #N47662

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

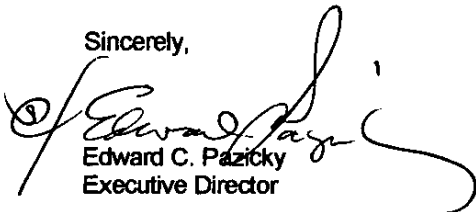
To Whom It May Concern:

Enclosed is our Application for Reinstatement of Charlotte HIV/Aids Network, Inc. and our check for \$17.50.

Per our conversation with a member of your division yesterday, you are in receipt of our payment made in October 2003 in the amount of \$236.25 which was to cover our Corporate status for 2003-2008. We were also advised that the check was short in the amount of \$8.75 and we were never informed of the shortage. In the interim, our corporation was administratively dissolved by your department.

This application and check is to cover the shortage and the cost of a Certificate of Status. We were advised by your department yesterday that the corporate status is now reinstated pending receipt of the enclosed application and payment.

Sincerely,


Edward C. Pazicky
Executive Director

Enclosures