

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 27 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N48599

1. Corporation Name  
Florida Alliance of Birth Centers, Inc.

2. Principal Office Address  
210 Palm Island NW

3. Mailing Office Address  
210 Palm Island NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Clearwater, FL

City & State  
Clearwater, FL

Zip 33767 Country USA

Zip 33767 Country USA

4. Date Incorporated or Qualified To Do Business in Florida  
April 28, 1992

5. FEI Number 65-0332061 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT** 03

7. Name and Address of Current Registered Agent

Name James E. Daughtry  
Street Address (P.O. Box Number is Not Acceptable) 210 Palm Island NW  
Suite, Apt. #, Etc.  
City Clearwater State FL Zip Code 33767

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 \_\_\_\_\_  
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
Pres/Dir.	Alan Huber	7115 Rue Notre Dame	Miami Beach, FL 33141
V. Pres Dir.	Mary Ann Smith	218 N.W. 2nd Avenue	Gainesville, FL 32601
Sec./Dir.	Anita L. Lenas	209 Blossum Drive	Interlachen, FL 32148
Treas Dir.	James E. Daughtry	210 Palm Island N.W.	Clearwater, FL 33767

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: James E. Daughtry James E. DAUGHTRY 10/24/03 (727) 420-3139  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

9/10/20

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

RE: Reinstatement Document # N48599

To Whom It May Concern:

We did not receive to renewal Uniform Business Report for 2003; due to the fact the registered agent resigned and moved without give a notice or forwarding address. We respectfully request that the late fee of \$175.00 be waived.

We thank you for your time in this matter.

Sincerely,



James E. Daughtry  
FABC Treasure