

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48876

1. Corporation Name

CENTRAL FLORIDA DOWN SYNDROME ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 947541
MAITLAND FL 32794-7541
US

P.O. BOX 947541
MAITLAND FL 32794-7541
US

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

98

4. Date Incorporated or Qualified To Do Business in Florida		05/14/1992
5. FEI Number	59-3124673	Applied For
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Not Applicable
\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	VAN GERGEN, AMY	104 BIRDSONG RD	ALTAMONTE SPRINGS FL
VPD	HAGEN, JULIE	1230 W GEROGUE AVE.	MAITLAND FL
DT	KRAFTCHICK, KARIN	317 DORNOCH CT	WINTER SPRINGS FL
T	Richard Strube	2814 Silver Star Rd	Orlando, FL 32808
			100002702571--6
			-12/03/98--011101-010
			***235.25 ***235.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JKRAFTCHICK, KARIN
317 DORNOCH CT
WINTER SPRINGS FL 32708

Name Richard Strube
Street Address (P.O. Box Number is Not Acceptable) 2814 Silver Star Rd
Suite, Apt. #, Etc.
City Orlando State FL Zip Code 32808

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 11/20/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒ don't owe

(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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/20/98

Daytime Phone # (407) 293-6810 X 136

CR2E040 (0/98)