

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 22 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48876

1. Corporation Name

CENTRAL FLORIDA DOWN SYNDROME ASSOCIATION, INC.

2. Principal Office Address

1137 EDGEWATER DRIVE

Suite, Apt. #, etc.

SUITE 101

City & State

ORLANDO FL

Zip

32804

Country

ORANGE

3. Mailing Office Address

1137 EDGEWATER DRIVE

Suite, Apt. #, etc.

SUITE 101

City & State

ORLANDO, FL

Zip

32804

Country

ORANGE

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/1992

5. FEI Number

59-3124673

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

Richard Strube

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

2814 Silver Star Road

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32808

200028153612
02/03/04--01060--001 **61.25
200028153612
03/23/04--01105--002 **61.25

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

[Signature]

Date

1/6/04

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 Officers and/or Director	City/State/Zip
PD	Richard Strube	2814 Silver Star Road	Orlando, FL 32808
D	Julie Hagen	1230 W George Avenue	Maitland, FL
TD	Rebecca Grant	9107 Windjammer Lane	Orlando, FL 32819
D	Kathleen Byrnes	352 Prima Vera Cove	Altamonte Springs, FL 32714
VPD	Maurice Lindsay	149100 Lymington Circle	Orlando, FL 32826
	See Attached Statement		

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:

[Signature] Amy Van Bergen
Executive Director

Date

1/6/04

Daytime Phone #

407-540-1121

ADDITIONS TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME OF OFFICERS AND/OR DIRECTORS	STREET ADDRESS OF EACH OFFICERS AND/OR DIRECTORS	CITY/STATE/ZIP
D	Robin Basile	2460 McIntosh Way	Maitland, FL 32751
D	Dawn Brantley	4540 Longbow Drive	Titusville, FL 32796
D	David Bymes, Jr.	588 Brantley Terrace Way #305	Altamonte Springs, FL 32714
D	Larry Calise	2865 Aloma Lake Run	Oviedo, FL 32765
D	Scott Cookson	500 Goldenmoss Loop	Ocoee, FL 34761
D	Bryan W. Crews	101 W. Lake Colony	Maitland, FL 32751
D	Rosemarie Dowell	1015 Linmar Lane	Fruitland Park, FL 34731
D	Janice Harlan	11953 Hatcher Circle	Orlando, FL 32834
D	Stephanie Kelly	1324 Anchor Court	Orlando, FL 32804
D	Miriam Ruiz-Peck	628 Marshall Street	Altamonte Springs, FL 32701
D	Samuel Smith	2323 Springs Landing	Longwood, FL 32779
D	Maryls Strube	2814 Silver Star	Orlando, FL 32808
D	Julie Trovillion	4 First Court	Windermere, FL 34786
D	Patricia Webb	8020 Plunkett Court	Orlando, FL 32810
ED	Amy Van Bergen, Executive Director	511 Birdsong Court	Longwood, FL 32779