PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC 13 PM 3:34

DOCUMENT # **N48923**

1. Corporation Name

FLORIDA ADLERIAN SOCIETY, INC.

Principal Place of Business	Mailing Address
607 W HORATIO TAMPA FL 33606 US	607 W HORATIO STREET TAMPA FL 33607 US

REINSTATEMENT 16 01

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

4. Date Incorporated or Qualified To Do Business in Florida: 05/15/1992

5. FEI Number: 59-3142579 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
SD	PRIVATEER, CHUCK	P.O. BOX 905 N/A	TAMPA FL 33593
PD	ADLER, PAM	3141 LAKE ELLEN DRIVE	TAMPA FL 33618
T	KANE, DANIEL	3301 SAN PEDRO STREET	TAMPA FL
PD	BAINFORTH, RANDALL	5616 OAKLAND DR	TAMPA FL 33617
D	EVANS, TIM	9122 ROCKROSE DR.	TAMPA FL
VD	GROHMAN, LOLITA	4322 SOUTH PARK DRIVE	TAMPA FL 33624

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
EVANS, TIMOTHY 9122 ROCKROSE DRIVE TAMPA FL 33647	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 800004739838--5 -12/26/01--01097--011 City ****236.25 State FL ****236.25

CR2E040 (8/01)

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: Timothy D. Evans Date: 12-8-01
REGISTERED AGENT MUST SIGN

11. 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: Daniel Kane Daniel Kane 12/7/01 8132388557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #