2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N49946

FILED Oct 21, 2010 Secretary of State

Entity Name: FLORIDA ALLIANCE OF PLANNED PARENTHOOD AFFILIATES, INC.

Current Principal Place of Business: New Principal Place of Business:

6623 GATEWAY AVENUE 522 E. PARK AVE. **UNIT A**

SUITE 100

SARASOTA, FL 34231 TALLAHASSEE, FL 32301 US

New Mailing Address: Current Mailing Address:

6623 GATEWAY AVENUE 736 CENTRAL AVENUE **UNIT A**

SARASOTA, FL 34236 US SARASOTA, FL 34231 US

FEI Number: 59-3142119 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KIMMELL, ADRIENNE KUNKEL, STEPHANIE 522 E. PARK AVE. 6623 GATEWAY AVENUE **UNIT A** SUITE 100

SARASOTA, FL 34231 US TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEPHANIE KUNKEL 10/21/2010

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

HUCKSHORN, CAROLYN Name: Address: 522 E. PARK AVE., SUITE 100 City-St-Zip: TALLAHASSEE, FL 32301

Title:

Name: HENRY, KATE

Address: 522 E. PARK AVE., SUITE 100 City-St-Zip: TALLAHASSEE, FL 32301

Title:

FOX, STACI Name:

522 E. PARK AVE., SUITE 100 Address: City-St-Zip: TALLAHASSEE, FL 32301

Title:

Name: IDTENSOHN, SUE

522 E. PARK AVE., SUITE 100 Address: City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHANIE KUNKEL ED 10/21/2010