

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

lot 2

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 14 AM 7:33

DOCUMENT # N50910

1. Corporation Name

Partners for Highway Safety Foundation, Inc.

2. Principal Office Address

1920 Thomasville Road

3. Mailing Office Address

1920 Thomasville Road

Suite, Apt. #, etc.

Suite #200

Suite, Apt. #, etc.

Suite #200

City & State

Tallahassee, Florida

City & State

Tallahassee, Florida

Zip

32303

Country

USA

Zip

32303

Country

USA

REINSTATEMENT 97-60

**4. Date Incorporated or Qualified
To Do Business in Florida**

1992

5. FEI Number

59-3156996

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

Paul Burris

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

1920 Thomasville Road

Suite, Apt. #, Etc.

Suite #200

City

Tallahassee

State

FL

Zip Code

32303

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

Paul Burris

Date 06/12/00

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
ED	Paul Burris, Executive Director	1920 Thomasville Rd; Suite 200	Tallahassee, FL 32303
C/BO	Charles Venture, Chair Board of Dir.	825 Thomasville Road	Tallahassee, FL 32303
T/BO	Diana Cameron, Treasurer Board of D	225 University Ctr., Bldg C -FSU	Tallahassee, FL 32306
BO	Peggy Lenard, Board of Director	Sparrow Spring Road	Gastonia, NC 28053
BO	Senator Richard Mitchell	406 10th Avenue, NW	Jasper, FL 32052
(See Attached Sheet for additional Officers)			

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:

Paul Burris

Executive Director

06/12/00

850-681-0800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)

9 Continued

Titles	Name of Officers/Directors	Street Address	City/State/Zip
BOD	Lilia Rook, Board of Director	1861 Log Ridge	Tallahassee, FL 32312
BOD	Representative Leslie Waters	11350 66th Street, N # 107	Largo, FL 33773-5524