## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR بريرا REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State /

DIVISION OF CORPORATIONS

DOCUMENT #

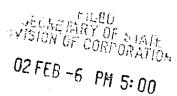
1. Corporation Name

## FLORIDA FOUNDATION FOR RESEARCH IN SPINAL DISORD ERS, INC.

Principal Place of Business 7105 N.W. 18th Avenue

GAINESVILLE FL 32605 Mailing Address / 18th Avenue 2/20/AM/X0X14/34/XACX

GAINESVILLE FL 32605



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	•				DEMIC	TATEMENT	D(X)	
	ddresses are incorrect in any way, line thr	•					<u> </u>	
			ng Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida			
			N.W. 18th Avenue		10 Do Busir	ness in Florida 09/2	9/1992	
Suite, Apt. #, etc. Suite, Apt. #			etc.		5. FEI Number		Applied For	
City & State City & State			The state of the s		- 0. 12,110	59-3157537	1:	
			sville, FL				Not Applicable	
		Zip	Zip Country		— 6. S8.75 Additional Fee required for a Certificate of Status			
_32605	USA	32605		_USA	CERTIFICATE	for a	Certificate of Status	
7. Names a	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit	corporations must list at le	east 3 directors)			
	Name of Officers	Name of Officers		Street Address of Eacl		City / State / Zip		
Title(s) 1	and/or Directors		3 Officer and/or Director		or			
						·		
D	D SUTTERLIN, CHESTER E.III			XXXXX NAXAXAX BRACEX		GAINESVILLE FL 32605		
			7105 N.W. 18th Avenue		<u>e                                    </u>			
D	ZAHN-SUTTERLIN, COLLEEN			7105 NW 18 AVE		GAINESVILLE FL 32605		
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D	ZALIAL DICUADO C		1033 WIDEVIEW			TARPON SPRINGS FL 34689		
ט	D ZAHN, RICHARD C			EAIEAA				
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						-02/12/0201060007   ****236.25 ****236.25		
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						<del>                                     </del>		
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8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
-				Name				
SUTTERLIN, CHESTER E III				- Chest	Chester-ESutterlin, - I-II- Street Address (P.O. Box Number is Not Acceptable)			
TENTENT THE TENTE THE TENT					7105 N.E. 18th Avenue			
GAINESVILLE FL 32605				Suite, Apt. #, Etc.				
GAINE	SVILLE PL 32003		95/10, ript. #, Lt	<del>-</del> •				
		····		City			Zip Code	
				Gaine	sville	FL	32605	

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 filling 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 of Registered Agent

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.

REGISTERED AGENT MUST SIGN

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