

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 16 PM 2:31

DOCUMENT # N93000000641

1. Corporation Name

The Advocacy Center Foundation for Persons with
Disabilities, Inc.

2. Principal Office Address - No P.O. Box #

2728 Centerview Drive

Suite, Apt. #, etc.

Suite 102

City & State

Tallahassee, FL

Zip

32301-6298

Country

Leon

3. Mailing Office Address

2728 Centerview Drive

Suite, Apt. #, etc.

Suite 102

City & State

Tallahassee, FL

Zip

32301-6298

Country

Leon

CR2E081 (12/07)

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

2/16/93

5. FEI Number

59-3196231

☐ 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

Robert E. Whitney

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

2728 Centerview Drive

Suite, Apt. #, Etc.

Suite 102

City

Tallahassee

State

FL

Zip Code

32301-6298

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Robert E. Whitney

REGISTERED AGENT MUST SIGN

Date 4-14-08

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
D	Helia Hull	14213 Lake Underhill Road	Orlando, FL 32828
D	Peter Schoemann	6932 Sylvan Woods Drive	Sanford, FL 32771
D	Gary Weston	2728 Centerview Drive, Suite 102	Tallahassee, FL 32301-6298

REINSTATEMENT

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04/17/08 01002 007 **735.00

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 contained in Chapter 119, 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:

Gary Weston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-08 850-488-9071

Date

Daytime Phone #