

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 AUG 21 AM 10: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000000 978**

1. Corporation Name

**Sickle cell disease assoc. of North  
Central Fl. Chapter**

2. Principal Office Address

**1701 SW 16th Ave**

3. Mailing Office Address

**P.O. 1262**

Suite, Apt. #, etc.

**Bldg B**

Suite, Apt. #, etc.

City & State

**Gainesville Fl.**

City & State

**Gainesville**

Zip

**32608**

Country

**FL**

Zip

**32602**

Country

**FL**

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

**2-26-1993**

5. FEI Number

**59-3141 317**

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

**Gloria K. Washington**

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

**27723 NW CR 241**

Suite, Apt. #, Etc.

City

**Alachua**

State

**FL**

Zip Code

**32615**

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

**Gloria K. Washington**

Date

**8-14-06**

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
P	Pamlaia Simmons	1530 NW 2nd Ave.	High springs, Fl. 32615
T.	Mary Lewis	2212 NE 7th Ave	Gainesville, Fl. 32641
S.	Jennie Williams	3826 NE 13th Dr.	Gainesville, Fl 32641
D.	Gloria Washington	27723 NW CR 241	Alachua, Fl. 32615

**900079047759**  
**09/23/06 01025 020 \*\*796.95**

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:

**Gloria K. Washington / Gloria K. Washington**

Date

**8-14-06**

Daytime Phone #

**352 334-0741**