

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 29 PM 12:18

DOCUMENT # N93000001300

1. Corporation Name

THE NATIONAL PERINATAL FOUNDATION, INC.

Principal Place of Business

3500 EAST FLETCHER AVENUE
SUITE 205
TAMPA FL 33613
US

Mailing Address

~~3500 EAST FLETCHER AVENUE~~
~~SUITE 205~~
~~TAMPA FL 33613~~
~~US~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/1993

5. FEI Number

59-3172681

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GRAVEN, STANLEY M	14930 LAKE FOREST DRIVE	TAMPA FL
TD	BEGUIN, EVERETT A JR	3720 SUGAR HOLLOW	SPRINGFIELD MO 65809
PB D	BOWEN, FRANK W JR	70 CUMBERLAND DRIVE	BLUFFTON SC 29910
VB PD	MEURER, JEANNE C PIZZICA, AL	6828 RUSSELL BLVD 324 SENTRY LANE	ST LOUIS MO 63110 WAYNE, PA 19087
VB D	HARTLINE, JOHN MD	252 EAST LOVELL STREET SUITE 223	KALAMAZOO MI
VB SD	PERELMAN, ROBERT GREER, MAUREN	318 WENTWORTH CIR 40 NORTH RIVERVIEW DR	BLOOMINGDALE IL 60108 INDIANAPOLIS, IN 46219

8. Name and Address of Current Registered Agent

JEFFERS, DELORES F
9479 N FOREST HILLS PLACE
TAMPA FL 33612

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
5157 STERLING MANOR
Suite, Apt. #, Etc.
City
TAMPA
State
FL
Zip Code
33647

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.

Signature of
Registered Agent

DeLores F Jeffers
REGISTERED AGENT MUST SIGN

000004685240--6

-11/16/01-01053-018

Date 10/22/01 4:17 PM

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 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:

Signature and Typed or Printed Name of Signing Officer or Director
DeLores F Jeffers

Date

Daytime Phone #

10/22/01 417-883-5191

National Perinatal Foundation

3500 E. Fletcher Ave.
Suite ~~200~~ 205
Tampa, FL 33613
Phone: (813) 632-0766
Fax: (813) 971-9306

10-22-01

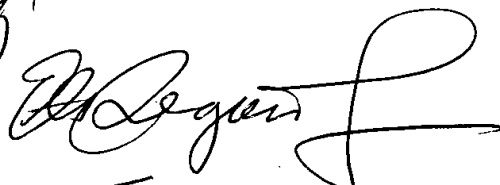
FL Dept of State,

Dear Sir,

as treasure of the foundation I have
previously sent the application and a
check for 70⁰⁰ which has not been
returned to my bank.

Please accept this check for
70⁰⁰ #2036 and update our
status as a corporation, not for
profit, in FL and send to
me a Certificate of Status.

Thank you very much
Have a great day!


Treasurer
NPP, Inc.