PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAR 31 AM 5:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001940

1. Corporation Name

NPMA FOUNDATION, INC.

Principal Place of Business	Mailing Address
~~380 MAIN ST~~ 1108 Pinehurst Rd ~~SUITE 290~~ OakTree Center DUNEDIN FL 34698	~~380 MAIN ST~~ 1108 Pinehurst Rd ~~SUITE 290~~ OakTree Center ~~DUNEDIN FL 34698~~ Dunedin Fl 34698

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

REINSTATEMENT 97-98

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/29/1993

5. FEI Number: 59-3203441 ☐ 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P	BACHAR, IVONNE	920 PANAMA DRIVE	MODESTO CA 95351
D	WINTERS, EDWARD J	66 FRANCES BLVD	HOTSVILLE NY 11742
T	SCOTT, SHEILA James	429 NORTH 6TH STREET	LOMPOC CA 93436
S	NELSON, SHEILA	495 JAVA SR M/S 701	SUNNYVALE CA 94088
D	CARNEVALE, ALBERT J	3750 RENIOR PL	CINCINNATI OH 45241
VD	MILLEMACI, MARLENE	79 ALEXANDER DRIVE MD 4501-2	DURHAM NC 27709

000002477040--6
04/02/98-01079--010
****297.50 ****297.50

8. Name and Address of Current Registered Agent

SCHLAG, BONNIE
380 MAIN STREET, SUITE 290
SUITE 290
DUNEDIN FL 34698

9. Name and Address of New Registered Agent

Name: Arlene G Rodovich
Street Address (P.O. Box Number is Not Acceptable): 1108 Pinehurst Road
Suite, Apt. #, Etc.: OakTree Center
City: Dunedin State: FL Zip Code: 34698

CR2E040 (8/97)

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: Arlene G Rodovich Date: 3/15/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐ (See other side for information on Intangible tax.)

12. 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: Arlene G Rodovich 3/15/98 413-369-4374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #