

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N93000001940

1. Corporation Name

NPMA FOUNDATION, INC.

Principal Place of Business

1101 PINEHURST ROAD
OAKTREE CENTER
DUNEDIN FL 34698

Mailing Address

1101 PINEHURST ROAD
OAKTREE CENTER
DUNEDIN FL 34698

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

2. New Principal Office Address, If Applicable

1108 Pinehurst Road

3. New Mailing Office Address, If Applicable

1108 Pinehurst Road

Suite, Apt. #, etc.

Oak Tree Center

Suite, Apt. #, etc.

Oak Tree Center

City & State

Dunedin FL

City & State

Dunedin FL

Zip

34698

Country

Pinellas

Zip

34698

Country

Pinellas

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
D	BACHAR, IVONNE	920 PANAMA DRIVE	MODESTO CA 95351
D	WINTERS, EDWARD J	66 FRANCES BLVD	HOTSVILLE NY 11742
P	Thomas G. Williams	1276 Moultrie	Aiken SC 29803
T	SCOTT, JAMES	429 NORTH 6TH STREET	LOMPOC CA 93438
D	DeSalvo, Barbara A.	1455 West 2nd Street	San Pedro CA 90732
S	NELSON, SHEILA	495 JAVA SR W/S 701	SUNNYVALE CA 94088
D	CARNEVALE, ALBERT J	3750 RENIOR PL	CINCINNATI OH 45241
T	Carnevale, Albert J	3823 Fox Run Apt 1331	Blue Ash OH 45236
VD	MILLEMACHI, MARLENE	79 ALEXANDER DRIVE MD 4501-2	DURHAM NC 27709

8. Name and Address of Current Registered Agent

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Name Bonnie J. Schlag	
Street Address (P.O. Box Number is Not Acceptable) 1108 Pinehurst Road	
Suite, Apt. #, Etc. Oak Tree Center	
City Dunedin	State FL
Zip Code 34698	

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

Bonnie J. Schlag

REGISTERED AGENT MUST SIGN

Date 10/18/99

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

10-18-99

Date

803-557-5732

Daytime Phone #