

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 17 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002130

1. Corporation Name

ASSOCIATION OF FLORIDA TRAUMA COORDINATORS, INC.

Principal Place of Business

Mailing Address

~~1414 S. ORANGE AVE~~
~~ORLANDO FL 32806~~
US

~~1414 S. ORANGE AVE~~
~~ORLANDO FL 32806~~
US



100012789681
02/19/03--01049--016 **61.25

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~Tampa General Hospital~~
~~2 Columbia Drive~~
City & State

~~Tampa General Hospital~~
~~Room G417 2 Columbia Drive~~
City & State

4. Date Incorporated or Qualified
To Do Business in Florida

05/10/1993

5. FEI Number

65-0413340

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	City / State / Zip
D	WILT, SHELLEY	13469 LAS PALMAS DR	LARGO FL 33774 Delete
PD	LIEBNITZKY, DIANNA	1414 S. ORANGE AVE	ORLANDO FL 32806 Delete
SD D	BENNETT-SHIPMAN, VICKI	3501 JOHNSON STREET	HOLLYWOOD FL
SD	Kallenborn, Celeste	2 Columbia Drive	Tampa, FL
D	Wilt, Shelly	13469 Las Palmas Dr	Largo, FL 33774

8. Name and Address of Current Registered Agent

LIEBNITZKY, DIANNA
1414 S. ORANGE AVE
ORLANDO FL 32806

9. Name and Address of New Registered Agent

Name Celeste Kallenborn, RN
Street Address (P.O. Box Number is Not Acceptable)
Tampa General Hospital
Suite, Apt. #, Etc.
2 Columbia Drive Room G417
City Tampa State FL Zip Code 33606

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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 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. 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date



DIVISION OF TRAUMA SERVICES

Lawrence Lottenberg, M.D., F.A.C.S.
Director

Robert B. Holtzman, M.D., F.A.C.S.
Assistant Director

Gary A. Birken, M.D., F.A.C.S., F.A.C.P.
Director of Pediatric Trauma

Eddy H. Carrillo, M.D., F.A.C.S.

Angeleke Saridakis, M.D., M.P.H.

Vicki J. Bennett, R.N., M.S.N., C.E.N., C.C.R.N.
Program Manager

Bruce Bostom, PA-C
Physician Assistant

Diana DeCoursey
Practice Manager

December 27, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am the current President of the Association of Florida Trauma Coordinators and am seeking your assistance in correcting our status as a corporation. The Uniform Business Report (UBR) was sent to the office of the previous President who forwarded it to me for payment. As you will note on the enclosed copy, the fee was paid August 6, 2002.

In July of this year, our officers changed. On August 21, 2002, we sent in the UBR with our new officers, however, there was a typographical mistake in the abbreviation of titles of the officers as defined by the required paperwork. This was returned to the previous President who forwarded it to me. I corrected this copy and sent it to the above address.

Several weeks ago, I received a forwarded copy (from the previous President) of "Notice of Administrative Dissolution or Revocation." I called the number listed and spoke to "Tyrone" who verified that payment had been received, but noted the corrected copy had not been received. He advised that I send an account of what occurred along with the corrected copy. He noted that this would be explanation enough, and no reinstatement fee would be required.

Please find enclosed the following:

- 1) Copy of the check verifying payment of \$61.25 on August 6, 2002
- 2) Copy of UBR sent August 21, 2002
- 3) Copy of corrected UBR

Please advise the status of our organization once the documentation has been reviewed. If you need additional information, please do not hesitate to contact me at 954-985-5969 or by email at vbennett@mhs.net.

Sincerely,

Vicki J. Bennett, R.N., M.S.N.

Trauma Program Manager

President, Association of Florida Trauma Coordinators