

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 OCT 28 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005357

1. Corporation Name

GAINESVILLE AREA AIDS PROJECT, INC.

700008635587
10/28/02--01113--013 **245.00



REINSTATEMENT 01

Principal Place of Business

1027 A NW 4TH ST
GAINESVILLE FL 32604
US

Mailing Address

POST OFFICE BOX 12905
GAINESVILLE FL 32604

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

11/19/1993

5. FEI Number

59-3219397

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
TD	CURTIS, SIDNEY	8401 NW 135 ST STE 150	GAINESVILLE FL 32653
PD	DAY, MICHAEL	PO BOX 5755	GAINESVILLE FL 32627
PD	RANDY VALENTINE	39 NW 39 th AVE #20	GAINESVILLE FL 32609
SD	BENNETT, MICHAEL	405 NW 19TH LN APT D	GAINESVILLE FL 32609
SD	FRANKIE BOUTON	2639 SW 33 rd PLACE #A	GAINESVILLE, FL 32608
VD	WAASER, JOHN H	12105 NW HWY 441 #29	GAINESVILLE FL 32653
VD	WAASER, JOHN H	RT 5 BOX 4975	LAKE BUTLER, FL 32054
TD	PETERS, IRENE	7922 SW 18TH RD	GAINESVILLE FL 32607
TD	CLAUDE J MERRILL	900 SW 62 nd BLVD #38	GAINESVILLE, FL 32607
D	HOWLAND, KIM	8401 NW 135 ST STE 150	GAINESVILLE FL 32653

8. Name and Address of Current Registered Agent

CURTIS, SIDNEY
8401 NW 135TH ST STE 150
GAINESVILLE FL 32653

9. Name and Address of New Registered Agent

Name
CLAUDE J MERRILL
Street Address (P.O. Box Number is Not Acceptable)
900 SW 62nd BLVD #38
Suite, Apt. #, Etc.
City
GAINESVILLE
State
FL
Zip Code
32607

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/23/02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/02 219-7362

352

CR2E040 (8/02)