

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  
 TALLAHASSEE, FLORIDA

01 NOV -5 PM 3:13

DOCUMENT # **N94000002590**

1. Corporation Name  
**SOUTHWEST FLORIDA CHAPTER OF THE NATIONAL SOCIETY OF FUND RAISING EXECUTIVES, INC.**

Principal Place of Business	Mailing Address
PO BOX 5974 SARASOTA FL 34277 US	PO BOX 5974 SARASOTA FL 34277 US



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/13/1994	
City & State		City & State		5. FEI Number	
Zip		Country		65-0288699	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	QUARLES, ALEXANDRA	1838 WALDEMERE ST	SARASOTA FL 34239
LPD	TAYLOR, JULIE C	1800 2ND ST #959	SARASOTA FL 34236
<del>D</del>	<del>TRYON, BART</del>	<del>1800 2ND ST</del>	<del>SARASOTA FL 34236</del>
TD	GARY W. SMITH	7498 ELEANOR CIRCLE	SARASOTA, FL. 34243
<del>BD</del>	<del>HARMAN, JIM</del>	<del>5700 NORTH TAMiami TRAIL</del>	<del>SARASOTA FL 34243</del>
SD	R. LYNNE BARRETT	2909 OLYMPIC STREET	SARASOTA, FL 34231-6319
<del>VPD</del>	<del>INTAGLIATA, LISA</del>	<del>4171 FRUITVILLE ROAD</del>	<del>SARASOTA FL 34232</del>
D	DEBRA A. HUNT	540 THE RIALTO	VENICE, FL 34285
<del>TD</del>	<del>WILSON, WILLIAM A</del>	<del>1311 S. PALM AVE</del>	<del>SARASOTA FL 34236</del>
D	DENISE ROBERTS	4620 17th ST.	SARASOTA, FL 34235

8. Name and Address of Current Registered Agent  
**TAYLOR, JULIE C**  
 1800 SECOND ST  
 STE 959  
 SARASOTA FL 34236  
 000004698897-1  
 11/29/01-01070-017  
 \*\*\*245.00 \*\*\*245.00

9. Name and Address of New Registered Agent  
 Name: **ALEXANDRA QUARLES**  
 Street Address (P.O. Box Number is Not Acceptable): **1838 WALDEMERE ST.**  
 Suite, Apt. #, Etc.:  
 City: **SARASOTA,** State: **FL** Zip Code: **34239**

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: *Alexandra Quarles* **SIGNATURE REQUIRED** Date: 10/22/01  
 REGISTERED AGENT MUST SIGN

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: *Gary W. Smith* **SIGNATURE REQUIRED** Date: 10/22/01 Daytime Phone #: (941) 359-4821  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/01)