

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 21 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002590

1. Corporation Name

Southwest Florida Chapter Association of Fundraising Professionals, Inc.

2. Principal Office Address

P.O. Box 4133

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 4133

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Sarasota, Florida

Zip

34230-4133

Country

U.S.

Zip

34230-4133

Country

U.S.

4. Date Incorporated or Qualified To Do Business in Florida

05/13/1994

5. FEI Number

65-0288699

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

400015442594
04/08/03--01002--001 **131.25

7. Name and Address of Current Registered Agent

Name Carol Butera-Dutton, CFRE

Street Address (P.O. Box Number is Not Acceptable) One South School Avenue

Suite, Apt. #, Etc. YMCA Foundation of Sarasota

City Sarasota

State FL Zip Code 34237

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Carol Butera-Dutton, CFRE

Date March 28, 2003

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Carrol Butera-Dutton, CFRE	One South School Avenue	Sarasota, Florida 34237
T + D	Gary W. Smith, CFRE	7498 Eleanor Circle	Sarasota, Florida 34243
S + D	Linda Greaves	6700 Clark Road	Sarasota, Florida 34241
V + D	Laura Breeze	5129 Willow Links	Sarasota, Florida 34235
V + D	Ken Sons	1723 N. Orange Avenue	Sarasota, Florida 34234
V + D	Faith Pridmore	4171 Fruitville Road	Sarasota, Florida 34232

10. 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 Treasurer

3/28/03

Date

(941) 359-4821

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

3/4/22

**SOUTHWEST FLORIDA CHAPTER
ASSOCIATION OF FUNDRAISING PROFESSIONALS, INC.
P.O. BOX 4133
SARASOTA, FLORIDA 34230-4133**

March 28, 2003

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

To Whom It May Concern:

It is my understanding that we can ask that the reinstatement fee be waived for our organization.

Evidently, the mail was returned because there was no forwarding address for last years mailing from the Division of Corporations.

I am sending \$131.25 for 2002 and 2003 along with a certificate. If this is not sufficient, please let me know. I can be reached at and would like the Certificate of Status mailed to me at:

Gary W. Smith, CFRE
7498 Eleanor Circle
Sarasota, Florida 34243
(941) 359-4821

~~Thank you and I look forward to hearing from you.~~

Sincerely,



Gary W. Smith, CFRE
Treasurer