

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

00 JUN 29 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000692

1. Corporation Name

Florida Epilepsy Services Providers Association, Inc.

2. Principal Office Address

1108-B East Park Ave...

3. Mailing Office Address

1108-B East Park Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32301

Country

U.S.A.

Zip

32301

Country

U.S.A.

REINSTATEMENT

98-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/13/1995

5. FEI Number

650559229

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John T. Woodward

100003314731-4

Street Address (P.O. Box Number is Not Acceptable)

1108-B East Park Avenue

07/06/00 01040-028

****367.25 ****367.25

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32301

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

John T. Woodward
REGISTERED AGENT MUST SIGN

Date June 17, 2000

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 |
|--------|--------------------------------------|---|---------------------------|
| D | Jess Bonds | 10912 N. 14th St. | Tampa, FL 33612 |
| D | Charles Carmen | 22 W. Lake Beauty Dr., Ste. 314 | Orlando, FL 32806 |
| D | Frank Carroll, Jr. | 6190 Nicole Ct. | Sarasota, FL 34243 |
| D | Alan Darnell | 3135 S.R. 580, #7 | Safety Harbor, FL 34695 |
| P/D | Patricia Dean | 3100 SW 62nd Ave. | Miami, FL 33155 |
| D | Joyce Devine | 5730 Corporate Way, #220 | West Palm Beach, FL 33407 |

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:

Patricia Dean

Patricia Dean

June 17, 2000

(305) 663-6819

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)