

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003485

1 Corporation Name

National Breast Implant Task Force, Inc.

Principal Place of Business

Mailing Address

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

2 New Principal Office Address, If Applicable

2019 Henley Place

Suite, Apt. #, etc.

3 New Mailing Address, If Applicable

2019 Henley Place

Suite, Apt. #, etc.

City & State

Wellington, Florida

City & State

Wellington, Florida

Zip

33414

Country

U.S.

Zip

33414

Country

U.S.

4. Date Incorporated or Qualified To Do Business in Florida

July 24, 1995

5. FEI Number

65-0638105

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Janice Ferriell	2019 Henley Place	Wellington, Florida 33414
O/VP	KATHY JOHNSTON	1906 GRANT LANE	COLUMBIA, MISSOURI 65203
D/SEC.	KATHYRN JOHNSON	1109 Meaginte LANE	HOUSTON, TEXAS 77521

8. Name and Address of Current Registered Agent

Capital Connection, Inc.
417 E. Virginia St.
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name
Janice Ferriell
Street Address (P.O. Box Number is Not Acceptable)
2019 Henley Place
Suite, Apt. #, Etc.
City
Wellington, State
FL Zip Code
33414

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

Janice Ferriell
REGISTERED AGENT MUST SIGN

Date Oct 19, 1996

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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, 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., and that all fees owed by the corporation have been paid. 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:

Janice Ferriell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANICE FERRIELL

Pres. Date Oct 6, 1996 561-791-2625

Daytime Phone #

CR2040 (12/95)