

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR -3 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N 95000005519**

**1. Corporation Name**

**Association of Fundraising Professionals  
Treasure Coast Chapter**

**2. Principal Office Address**

**2750 S. Kanner Hwy**

Suite, Apt. #, etc.

City & State

**Stuart, FL**

Zip

**34994**

Country

**3. Mailing Office Address**

**1250 SE Port St. Lucie Blvd**

Suite, Apt. #, etc.

City & State

**Port St. Lucie, FL**

Zip

**34952**

Country

**REINSTATEMENT 03-04**

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

**1997**

**5. FEI Number**

**65-0526495**

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

**Suzanne Ross**

**500029816995**

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

**212 Potter Rd**

**03/03/04--01054--005 \*\*306 25**

Suite, Apt. #, Etc.

City

**West Palm Beach**

State

**FL**

Zip Code

**33405**

**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

**Suzanne Ross**

Date

**2/4/04**

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
Pres.	Patricia P. Jenkins, CFRE	2750 S. Kanner Highway	Stuart, FL 34994
Sec.	Kerry Bartlett, CFRE	1111-36th Street	Vero Beach, FL 32960
Treas	Diane Charette	1250 SE Port St. Lucie Blvd	Port St Lucie, FL 34952
VP	Melanie Lashbrook Crippen	P.O. Box 3661	Ft. Pierce, FL 34948
VP	Terry Stoupa	1498 SE Cove Rd	Stuart, FL 34997
O	Suzanne Ross	212 Potter Rd	WPB, FL 33405

**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)(f), 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:**

**Suzanne Ross**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2/4/04**

Daytime Phone #

**561-471-1688**

CR2E081 (10/02)