

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 JUL 20 AM 9:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # N95000005555 1. Corporation Name W98000013497 CENTRAL FLORIDA ADVANCED NURSING PRACTICE COUNCIL				
Principal Place of Business C/O CAROL PUBLICOVER 849 POST LANE ORLANDO, FL 32804		Mailing Address (Same as above)		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				
2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida <div style="text-align: right;">11/27/1995</div>
		5. FEI Number <div style="text-align: right;">59-3280344</div>		Applied For <input type="checkbox"/> Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		
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	
1998 PRES	CAROL PUBLICOVER	849 POST LANE	ORLANDO, FL 32804	
VP	CONNIE BUECKER	3535 MACARTHUR DRIVE	ORLANDO, FL 32806	
TREAS	LINDA SPERANZA	326 SHADOW BLVD NORTH	LONGWOOD, FL 32779	
SEC	SHARON KOCK-PARRISH	1315 BRIDGEPORT DRIVE	WINTER PARK, FL 32789	
		REINSTATEMENT		
		96-98 SL 7.23-98		
8. Name and Address of Current Registered Agent 5201 RAYMOND STREET ORLANDO, FL 32803		9. Name and Address of New Registered Agent Name CAROL PUBLICOVER Street Address (P.O. Box Number is Not Acceptable) 849 POST LANE Suite, Apt. #, Etc. <div style="text-align: right;">-07/28/98--01072--007</div> City ORLANDO <div style="text-align: right;">***3150 Zip Code: 32804</div>		
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 <u>Carol Publicover</u> Date <u>7-11-98</u> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>				
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)				
12. 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: <u>Carol Publicover</u> 6-4-98 (407) 897-1549 <div style="display: flex; justify-content: space-between;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # </div>				