

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 AM 9:56

DOCUMENT #

N96000002463

1. Corporation Name

Special Needs Adoptive Parents, Inc.

100003440461--5

-10/26/00--01057--012

****236.25 ****236.25

2. Principal Office Address

15913 Layton Court

Suite, Apt. #, etc.

3. Mailing Office Address

15913 Layton Court

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip Country

33647 U.S.A.

City & State

Tampa, Florida

Zip Country

33647 U.S.A.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

05-01-96

5. FEI Number

59-3383923

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

Lesley A. Stine, Esquire

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

800 West DeLeon Street

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606

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

Lesley Stine

REGISTERED AGENT MUST SIGN

Date 10/11/00

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/T	Nancy Ellison	15913 Layton Court	Tampa, FL 33647
V	Laura Wampfler	2303 Ashley Court	Plant City, FL 33566
S	Barbara Vohlken	11204 Carrollwood Dr.	Tampa, FL 33618
F	Nancy Ellison	15913 Layton Court	Tampa, FL 33647
D	Ann Rindosh	10720 Deepbrook Dr.	Riverview, FL 33569
D	Laura Rice	12009 Fawn Dale Drive	Riverview, FL 33569

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:

Nancy J. Ellison (Nancy J. Ellison)

Date

10/11/00 (813) 971-4750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Special Needs Adoptive Parents, Inc.
15913 Layton Court
Tampa, Florida 33647

Snapline: (813) 978-8183

Corporation Reinstatement:

Additional Directors:

D - Patty Wade, 1815 Rudder Drive, Valrico, FL 33594

D - Pamela Pandolfo, 1004 Meadowcrest Drive, Valrico, FL 33594