

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

00 APR -6 AM 9:29

DOCUMENT # N96000002613

1. Corporation Name

SICKLE CELL DISEASE ASSOCIATION OF OKALOOSA & W
ALTON COUNTIES, INC

Principal Place of Business

COMMUNITY LOVE CENTER
117 KIWI PLACE
FORT WALTON BEACH FL 32548

Mailing Address

POST OFFICE BOX 1482
EGLIN AFB FL 32542

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

2. New Principal Office Address, If Applicable

Community Love Center
Suite, Apt. #, etc.

700 N Beal Pkwy
FWB FL

City & State

Zip 32548 Country Okaloosa

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/1996

5. FEI Number

59-3260987

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	MCNABB, BERNISHA	103 METHODIST	FT WALTON BCH FL
VD	POITIER, SEBREN	340 VICTORIA AVE	FT WALTON BCH FL / 32548
SD	GADSDEN, MINERVA	508 ROSS RD	FT WALTON BCH FL / 32547
T	TREADWELL, BARBARA	678 MERIONETH DR	FT WALTON BCH FL
PT	VERA, P PRINCE, VERA	102 Fourth St	Ft Walton Bch FL / 32548
PD	MCNABB, BERNISHA	128 Boyce Dr	Shalimar FL / 32579

8. Name and Address of Current Registered Agent

MCNABB, BERNISHA
117 KIWI PLACE
FORT WALTON BEACH FL 32548

McNabb Bernisha
700 N Beal Pkwy
FWB FL 32548

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

500003215265--9

-04/19/00--01099--017

***358.75 ***358.75

State

Zip Code

FL

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

25 Jan 99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30:

Yes ☐ No ☒

(See other side for information
on intangible tax.)

KE

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:

Bernisha McNabb
Bernisha McNabb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 Jan 99

Date

Daytime Phone #

(850)
882-4188