

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 1996000002613		
1. Corporation Name Sickle Cell Disease Association of Okaloosa & Walton Counties		
2. Principal Office Address 119 Hollywood Blvd Suite, Apt. #, etc. Suite 208	3. Mailing Office Address PO Box 1482 Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida
City & State Ft. WALTON Bch, FL Zip 32549	City & State Eglin AFB, FL Zip 32542	5. FEI Number 59-3260987 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$87.50 Additional Fee required for a Certificate of Status
REINSTATEMENT 01-04		

7. Name and Address of Current Registered Agent

Name Bernisha McNabb
Street Address (P.O. Box Number is Not Acceptable)
128 Boyce Dr.

000038257418
03/11/04--01014--017 **481.25

Suite, Apt. #, Etc.

State FL Zip Code 32579

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

Date

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	Bernisha McNabb	128 Boyce Dr.	Shalimar, FL 32579
V	Sebren Portier	340 Victoria Ave	Ft. WALTON Bch, FL 32547
S	Minerva Gadsen	508 Pocahontas & FWB, FL	32547
T	Vera Prince	409 Shirley Dr.	FWB, FL 32548

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)(l), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(850)

4 MARCH 882-3383

(850) 501-2095

Daytime Phone #