

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 11 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 196000002613

1. Corporation Name Sickle Cell Disease Association
of Okaloosa & Walton Counties

2. Principal Office Address

119 Hollywood Blvd
Suite, Apt. #, etc.

Suite 208

City & State

FT. WALTON BCH, FL

Zip

32549

Country

USA

3. Mailing Office Address

P.O. Box 1482
Suite, Apt. #, etc.

City & State

Eglin AFB, FL

Zip

32542

Country

USA

REINSTATEMENT

01-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3260987

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bernisha McNabb

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

128 Boyce Dr.

Suite, Apt. #, Etc.

City

Shalimar

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

Bernisha McNabb

Date

4 MAR 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
P	Bernisha McNabb	128 Boyce Dr.	Shalimar, FL 32579 32547
V	Sebren Portier	340 Victoria Ave	Ft. Walton Bch, FL
S	Minerva Gadsen	508 Pocahontas A	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)(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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4 MAR 04

(850) 301-2095

(850) 882-3383

CR2E081 (10/02)