

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N96000002912

1. Corporation Name

NORTHEAST FLORIDA CHAPTER OF TRANSPLANT RECIPIENTS INTERNATIONAL ORGANIZATION, INC.

Principal Place of Business

670 HEART & LUNG INST. ST. VINCENTS HOSP.  
1800 BARRS STREET  
JACKSONVILLE FL 32204

Mailing Address

PO BOX 60562  
JACKSONVILLE FL 32236-0562  
US

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

2. New Principal Office Address, If Applicable

5150 Belfort Rd.

Suite, Apt. #, etc.

Bldg 300

City & State

Jacksonville FL.

Zip

32254

Country

Duval

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/04/1996

5. FEI Number

59-3361086

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PRACHER, RICHARD Rhodes, J T	1601 LAME AVE SOUTH #118LL 5150 Belfort Rd Bldg 300	JACKSONVILLE FL 32218 56
D	DELAND, CHERI Binder, STEVE	3301 MAIDEN VOYAGE 2400 E. Livingston Circle	JACKSONVILLE FL 32217 32246
D	GRAY, ARIKA M Masters, Judi	2147 DERRINGER CIRCLE E 5327 110th Street	JACKSONVILLE FL 32216 32244
D	WHITE, KAREN O'Steen Lori	570 S. COUNTRY ROAD 21 1607 River Bluff Rd. N	HAWTHORNE FL 32640 Jacksonville FL 32211
D	Moore, Allan, III	8022 Queensferry Lane	JACKSONVILLE, FL 32214

8. Name and Address of Current Registered Agent

RHODES, J T  
5150 BELFORT RD.  
BLDG. 300  
JACKSONVILLE FL 32256

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State  
FL  
Zip Code

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

REGISTERED AGENT MUST SIGN

Date 11-5-01

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-5-01 904-296-9055