

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 30 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000003477**

1. Corporation Name

COUNCIL ON AGING OF MARTIN COUNTY ALLIANCE, INC.

REINSTATEMENT *02*



700008686077
10/30/02--01001--022 **236.25

Principal Place of Business

1071 EAST 10TH STREET
STUART FL 34996

Mailing Address

P.O. BOX 3029
STUART FL 34996

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/26/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0697328

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DC	CLEAVER, CHARLES R	1071 EAST 10TH STREET	STUART FL 34996
DC	SCHOONOVER, NICKI	1071 EAST 10TH STREET	STUART FL 34996
ND	WEBER, JEFFREY	1071 EAST 10TH STREET	STUART FL 34996
MP	KAUFFMAN, BARBARA	1071 EAST 10TH STREET	STUART FL 34996
SD	GRAY, JOAN	1071 E 10TH ST	STUART FL 34996
TD	Johnson, GLENN	1071 E 10th St	STUART FL 34996

8. Name and Address of Current Registered Agent

KAUFFMAN, BARBARA A
1071 EAST 10TH STREET
STUART FL 34996

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/22/02

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/02 772-223-5626

Daytime Phone #

DOCUMENT# N96000003477

COUNCIL ON AGING OF MARTIN COUNTY ALLIANCE, INC.

FEI# 65-0697328

TITLE	OFFICERS & DIRECTORS	ADDRESS	CITY/STATE/ZIP
D	COFFEY, CHRISTOPHER	1071 E 10TH STREET	STUART FL 34995
D	CRARY, ANN	1071 E 10TH STREET	STUART FL 34995
D	CORNETT, JANE	1071 E 10TH STREET	STUART FL 34995
D	GONZALEZ, JOHN	1071 E 10TH STREET	STUART FL 34995
D	HUDSON, DENNIS	1071 E 10TH STREET	STUART FL 34995
D	KEANE, GREGORY	1071 E 10TH STREET	STUART FL 34995
D	PITTINOS, DAVID	1071 E 10TH STREET	STUART FL 34995
D	QUACKENBOS, MAX	1071 E 10TH STREET	STUART FL 34995
D	SCOTT, RACHEL	1071 E 10TH STREET	STUART FL 34995
D	WEBER, JEFFERY	1071 E 10TH STREET	STUART FL 34995
VD	PESCITELLI, MIKE	1071 E 10TH STREET	STUART FL 34995