

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000003185

1. Corporation Name

EQUALITY FLORIDA HUMAN RIGHTS EDUCATION PROJECT,
INC.

Principal Place of Business

1222 S DALE MABRY
SUITE 652
TAMPA FL 33629
US

Mailing Address

1222 S DALE MABRY
SUITE 652
TAMPA FL 33629
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/03/1997

5. FEI Number

59-3435235

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	BENTZ, DON	1222 S. DALE MABRY, SUITE 652	TAMPA FL 33629
D	SMITH, NADINE	1222 S. DALE MABRY, STE 652	TAMPA FL 33629
D	MANDEL, AMY	1222 S. DALE MABRY, SUITE 652	TAMPA FL 33629

200024081262
10/24/03--01022--007 **158.75

8. Name and Address of Current Registered Agent

SMITH, NADINE
1485 CLEVELAND STREET
CLEARWATER FL 34615

9. Name and Address of New Registered Agent

Name

Nadine Smith

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

1222 S. Dale Mabry Suite 652

Suite, Apt. #, Etc.

Suite 652

City

TAMPA

State

FL

Zip Code

33629

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

Nadine Smith
REGISTERED AGENT MUST SIGN

Date 10/21/03

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:

Amy S. Mandel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-03

Date

(813) 870-3735
Daytime Phone # 244

CR2E040 (7/03)

Nadine Smith
Equality Florida
1222 S. Dale Mabry, #652
Tampa Fl 33629

Division of Corporations
Reinstatement Section
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am writing to request a waiver for reinstatement fees for our nonprofit corporation Equality Florida Human Rights Education Project, Inc. (59-3435235).

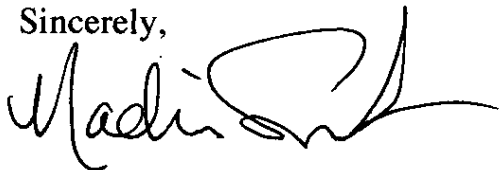
We did not receive the initial renewal notice and became aware of the problem only when we received the Certificate of Administrative Dissolution or Revocation.

Following the instructions of your staff, I am including this letter along with a check for \$158.75.

Thank you for your assistance in this matter.

If you need additional information I can be reached at 813-817-6093.

Sincerely,

A handwritten signature in black ink, appearing to read 'Nadine Smith', with a stylized flourish at the end.

Nadine Smith
Executive Director