

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

06 SEP 14 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000006415					
1. Corporation Name THE DOWN SYNDROME ASSOCIATION OF NORTHWEST FLORIDA					
206000038138					
2. Principal Office Address 2703 Burlwood Dr			3. Mailing Office Address P.O. Box 573		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MILTON, FLORIDA			City & State Bagdad, FL		
Zip 32583	Country USA	Zip 32530	Country		

REINSTATEMENT 0206

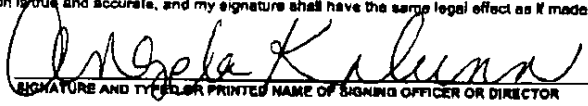
CR2E081 (12/05) 02-06

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 59-3475988	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ \$9.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name JAMES TAYLOR	
Street Address (P.O. Box Number is Not Acceptable) 4300 BAYOU BLVD STE 16	
Suite, Apt. #, Etc.	
City PENSACOLA	State / Zip Code FL 32503

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.	
Signature of Registered Agent 	Date 8/22/06

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	ANGELA K DUNN	2703 BURLWOOD DR	MILTON, FL 32583
VP	JOYCE WATKINS	5462 SHAMROCK ST	MILTON, FL 32570
ST	RENA LEWALLEN	8816 CHICKAMAUGA	MILTON, FL 32583
D	JOHANNAH CHEREK	4435 NW BAKER RD	ALTA, FL 32421
D	AGNES FONTANELLA	53 CONCORD ST	DUMONT, NJ 07628
D	WENDELL WATKINS	5462 SHAMROCK ST	MILTON, FL 32570

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 contained in Chapter 119, 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: 	Date 8-21-06 (850) 501-8366
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

ANGELA K DUNN

