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

REINSTATEMENT 0206

W06000038138

2. Principal Office Address	3. Mailing Office Address
2703 Burlwood Dr	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:

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 ☒ $5.00 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

300079940043
09/19/06--01012--024 **480.00

Suite, Apt. #, Etc.

City: PENSACOLA State: FL Zip Code: 32503

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 _____ Date 8/22/06
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	ANGELA K DUNN	2703 BURLWOOD DR	MILTON,FL 32583
VP	JOYCE WATKINS	5462 SHAMROCK ST	MILTON, FL 32570
ST	RENA LEWALLEN	8816 CHICKAMAUGA	MILTON,FL32583
D	JOHANNAH CHEREK	4435 NW BAKER RD	ALTHA,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: Angela K Dunn 8-21-06 (850) 501-8366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ANGELA K DUNN
Angela Dunn