

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 NOV -3 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000000585**

1. Corporation Name

WE CAN FOR SCLERODERMA, INC.

Principal Place of Business

UNIVERSITY OF FLORIDA FOOTBALL
P.O. BOX 14485 ATTN: WE CAN
GAINESVILLE FL 32604

Mailing Address

UNIVERSITY OF FLORIDA FOOTBALL
P.O. BOX 14485 ATTN: WE CAN
GAINESVILLE FL 32604

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

01/30/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3498617

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	SPURRIER, JERRI	12115 NW 1ST LANE	GAINESVILLE FL 32607
VPD	STEPHENS, REGINA	2337 SW 95TH TERRACE	GAINESVILLE FL 32607
T	GLASS, LAURIE	3443 NW 62 PL	GAINESVILLE FL 32653
D	BROADWAY, DIANNE	505 SW 117 STREET	GAINESVILLE FL 32607

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

STONE, KAREN J
3042 FRONT ROAD
JACKSONVILLE FL 32257

9. Name and Address of New Registered Agent

Name: Emerson King 90 Merrill Lynch
Street Address (P.O. Box Number is Not Acceptable):
104 N. Main St.
Suite, Apt. #, Etc.:
5th Floor
City: Leicester State: FL Zip Code: 32601

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/31/00

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.

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****236.25 ****236.25

SIGNATURE:

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

10/26/00

Date

352-331-5115
Daytime Phone #