

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 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000006424**

1. Corporation Name

EQUALITY FLORIDA ACTION NETWORK, INC.

Principal Place of Business

Mailing Address

**202 S. HOWARD AVE.
TAMPA FL 33606**

**1222 S. DALE MABRY, S-652
TAMPA FL 33629**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/1998

5. FEI Number

59-3540715

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	HANKINS, ROBIN	2020 10TH ST., N.	ST. PETERSBURG FL 33704
D	SMITH, NADINE	202 S. HOWARD AVE.	TAMPA FL 33606
D	MANDEL, AMY	4141 BAYSHORE BLVD., APT. 1203	TAMPA FL 33611

900024081299
10/24/03-01022-008 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SMITH, NADINE
1222 S DALE MABRY #652
TAMPA FL 33606**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date

Daytime Phone #

10-21-03 (813) 870-3735
214

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 Action Network, Inc.(59-3540715).

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 that reads "Nadine Smith". The signature is fluid and cursive, with the first name "Nadine" written in a larger, more prominent script than the last name "Smith".

Nadine Smith
Executive Director