

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 SEP 16 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N 99 000000 1670*

1. Corporation Name

*Florida Chapter of the American
Association on Mental Retardation,
Inc.*

2. Principal Office Address

2749 1st Ave. North

Suite, Apt. #, etc.

City & State

St. Pete., FL.

Zip

33713

Country

Pinellas

3. Mailing Office Address

c/o PDI

Suite, Apt. #, etc.

2749 1st Ave. N.

City & State

St. Pete., FL.

Zip

33713

Country

Pinellas

500007828185--9

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****358.75 ****358.75

REINSTATEMENT *00-02*

**4. Date Incorporated or Qualified
To Do Business in Florida**

3-17-99

5. FEI Number

59-3566428

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Peggy Ogle, Treasurer

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

2749 1st Avenue N.

Suite, Apt. #, Etc.

City

St. Petersburg

State
FL

Zip Code

33713

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

Peggy Ogle

REGISTERED AGENT MUST SIGN

Date

8/8/02

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
(D)	<i>Dr. Emma Guilarte</i>	<i>2813 Turkey Hill Trail</i>	<i>Tall., FL. 32312</i>
(D)	<i>Ms. Merisa Kantor</i>	<i>3628 Daisy Ave.</i>	<i>Palm Beach Gardens, FL. 33410</i>
(D)	<i>Ms. Judy Jarvie</i>	<i>231 Raintree Dr.</i>	<i>Casselberry, FL. 32707</i>
(D)	<i>Ms. Linda Davis</i>	<i>39 Egret St. North</i>	<i>Crawfordville, FL. 32327</i>
(D)	<i>Ms. Peggy Ogle</i>	<i>2749 1st Ave. N.</i>	<i>St. Pete., FL. 33713</i>

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Peggy Ogle

8/8/02

*727-410-0473
or 1-321-7788*

9/4/02