

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 SEP -5 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N99000002200

**1. Corporation Name**

FLORIDA IMMEDIATE RESPONSE STRESS  
TEAM, INC.

600007628926--7  
-09/10/02--01032--018  
\*\*\*\*321.25 \*\*\*\*321.25

**2. Principal Office Address**

11801 N. Armenia Ave

**3. Mailing Office Address**

P.O. Box 272487

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Tampa FL

**City & State**

Tampa FL

**Zip**

33612

**Country**

USA

**Zip**

33688

**Country**

USA

**REINSTATEMENT 01-02**

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

04/09/1999

**5. FEI Number**

59-3632814

**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**

Sue Welfley

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

11801 N. Armenia Ave.

**Suite, Apt. #, Etc.**

**City**

Tampa

**State**

FL

**Zip Code**

33612

**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**

*Sue Welfley*

REGISTERED AGENT MUST SIGN

**Date** 8/30/2002

**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
B&P	Sue Welfley	11801 N. Armenia Ave.	Tampa, FL 33612
D-VP	Diane Fojt	13302 Winding Oak Court	Ste B Tampa FL 33612
D	Mark Wilson	3105 17th St. NW	Lehigh Acres FL 33971
D	Nancy Gallatin	2252 Missouri Ave.	St. Cloud, FL 34769
D	Debbie Roik	1010 Greenleaf Way	Tarpon Springs, FL 34689

**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:**

*Sue Welfley* SUE WELFLEY

8/30/2002

(813) 932-2558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

98 8/5/02