

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N99000007167

1. Corporation Name

The National Council on Alcoholism & Drug Dependence of
Northwest Florida, Inc.

REINSTATEMENT

FILED

03 NOV 17 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

348 Miracle Strip Pkwy

3. Mailing Office Address

348 Miracle Strip Pkwy

Suite, Apt. #, etc.

Suite 8A

Suite, Apt. #, etc.

Suite 8A

City & State

Fort Walton Beach, FL

City & State

Fort Walton Beach, FL

Zip

32548

Country

Zip

32548

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/1999

5. FEI Number

59-3612387

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

Leo J. Donnelly, Jr.

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

348 Miracle Strip Pkwy

Suite, Apt. #, Etc.

Suite 8A

City

Fort Walton Beach

State
FL

Zip Code
32548

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

Leo J. Donnelly, Jr.

REGISTERED AGENT MUST SIGN

Date

6 NOV 03

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
PD	Leo J. Donnelly, Jr.	348 Miracle Strip Pkwy, Suite 8A	Fort Walton Beach, FL 32548
VD	Larry Dencer	348 Miracle Strip Pkwy, Suite 8A	Fort Walton Beach, FL 32548
STD	Michele Holliday	348 Miracle Strip Pkwy, Suite 8A	Fort Walton Beach, FL 32548

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

6 NOV 03

Daytime Phone #

CR2E081 (10/02)



Ann Sears. P.A.

Attorney at Law

November 6, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: National Council on Alcoholism & Drug Dependence of Northwest Florida, Inc.

Dear Sir or Madam:

On September 19, 2003, The National Council on Alcoholism & Drug Dependence of Northwest Florida, Inc. (Document Number N99000007167) was dissolved. Mr. Leo J. Donnelly, Jr. had not mailed in the annual report due to the fact that he had not received the annual report. For this reason, we have enclosed \$61.25. Please note the address on the Corporation Reinstatement form and update your records accordingly.

If anything else is needed, please do not hesitate to contact us.

Sincerely,

Ann Sears
Ann Sears, P.A.

Signed: 

Leo J. Donnelly, Jr., President