

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



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

02 APR - 16 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000007192

1. Corporation Name

NORTHEAST FLORIDA COMMUNITY ALLIANCE
FOR CHILDREN, INC.

2. Principal Office Address

1485 S SEMORAN BLVD

Suite, Apt. #, etc.

Suite 1448

City & State

Winter Park, FL

Zip

32792

Country

US

3. Mailing Office Address

1485 S SEMORAN BLVD

Suite, Apt. #, etc.

Suite 1448

City & State

Winter Park, FL

Zip

32792

Country

US

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

12-7-99

5. FEI Number

59 3618586

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

JOHN HAINES

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

820 E PARK AVENUE

Suite, Apt. #, Etc.

BLDG E-100

City

TALLAHASSEE

State

FL

Zip Code

32301

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

John Haines

REGISTERED AGENT MUST SIGN

Date

3/20/02

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	DAVID BUNDY	1485 S SEMORAN BLVD	Winter Park, FL 32792
D	JAMES PATRICK	1485 S SEMORAN BLVD	Winter Park, FL 32792
D	DOUG WEINBERG	1485 S SEMORAN BLVD	Winter Park, FL 32792
(Delete)	JOHN HAINES	820 E Park Avenue	Tallahassee, FL 32301
(Delete)	DAN BUTLER	820 E Park Avenue	Tallahassee, FL 32301
(Delete)	MARGARET CARROLL	820 E Park Avenue	Tallahassee, FL 32301

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

John Haines

Date

3/20/02

Daytime Phone #

321 397-3000