

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JUN 16 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/07)

DOCUMENT # P04000108738

1. Corporation Name

Figley Institute, Inc.

2. Principal Office Address - No P.O. Box #

2810 Industrial plaza

3. Mailing Office Address

PO Box 136178

Suite, Apt. #, etc.

Ste C

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32301

Country

USA

Zip

32317

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/2004

5. FEI Number

20-1229217

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

Susan Cabrera

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

2810 Industrial Plaza

Suite, Apt. #, Etc.

Ste C

City

Tallahassee

State

FL

Zip Code

32301

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

Date 6/16/08

REGISTERED AGENT MUST SIGN

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
Pres.	en Kathy Figley	1515 Seminole Dr.	Tallahassee, FL 32301
Exe. Director	Susan Cabrera	2810 Industrial plaza	Ste C Tallahassee FL 32301

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06/24/08--01040--010 **150.00

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 contained in Chapter 119, 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

6/16/08

Date

850-656-8848

Daytime Phone #