

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 23 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P29710

1. Corporation Name

NATIONAL ASSOCIATION FOR VISUALLY HANDICAPPED,
INC.

Principal Place of Business

Mailing Address

22 W. 21ST STREET
NEW YORK NY 10010

22 W. 21ST STREET
NEW YORK NY 10010



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

94-1384642

Applied For

Not Applicable

City & State

City & State

Zip Country

Zip Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SANDLER, MARVIN	200 EAST END AVE., #9I	NEW YORK NY
V	MINTON, LESTER	64-39 ALDERTON ST.	REGO PARK NY
S	DORFMAN, SHARI L	101 HIGH POINT DR.	SPRINGFIELD NJ
T	BERMAN, MIMI C PHD	200 EAST END AVE., #9I	NEW YORK NY
D	MARCHI, LORRAINE H.	22 W. 21ST STREET	NEW YORK NY
D	COHEN, EVA	615 FORT WASHINGTON AVE.	NEW YORK NY

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSKIN, SOL
% HALLMARK PRESS
1337 NW 155TH DRIVE
MIAMI FL 33169

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

REINSTATEMENT

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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 #

10/18/00 (212) 889-3141