

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 10:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N98000006424**

1. Corporation Name

EQUALITY FLORIDA ACTION NETWORK, INC.

Principal Place of Business

Mailing Address

202 S. HOWARD AVE.
TAMPA FL 33606

1222 S. DALE MABRY, S-652
TAMPA FL 33629



REINSTATEMENT 03

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

11/09/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3540715

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
D	HANKINS, ROBIN	2020 10TH ST., N.	ST. PETERSBURG FL 33704
D	SMITH, NADINE	202 S. HOWARD AVE.	TAMPA FL 33606
D	MANDEL, AMY	4141 BAYSHORE BLVD., APT. 1203	TAMPA FL 33611

900024081299
10/24/03-01022-008 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, NADINE
1222 S DALE MABRY #652
TAMPA FL 33606

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

Nadine Smith
REGISTERED AGENT MUST SIGN

Date

10/21/03

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:

Amy Mandel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-03 (813) 870-3735

Date

Daytime Phone #

CR2E040 (7/03)

Nadine Smith
Equality Florida
1222 S. Dale Mabry, #652
Tampa Fl 33629

Division of Corporations
Reinstatement Section
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

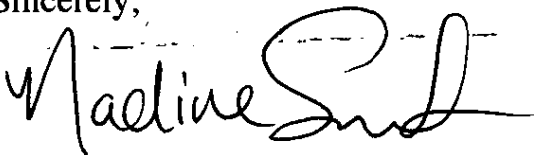
I am writing to request a waiver for reinstatement fees for our nonprofit corporation Equality Florida Action Network, Inc.(59-3540715).

We did not receive the initial renewal notice and became aware of the problem only when we received the Certificate of Administrative Dissolution or Revocation.

Following the instructions of your staff, I am including this letter along with a check for \$158.75.

Thank you for your assistance in this matter.
If you need additional information I can be reached at 813-817-6093.

Sincerely,



Nadine Smith
Executive Director