

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 10:26

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N97000003185**

1. Corporation Name

**EQUALITY FLORIDA HUMAN RIGHTS EDUCATION PROJECT, INC.**

Principal Place of Business

Mailing Address

1222 S DALE MABRY  
 SUITE 652  
 TAMPA FL 33629  
 US

1222 S DALE MABRY  
 SUITE 652  
 TAMPA FL 33629  
 US

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



REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/03/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3435235

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	<del>BENTZ, DON</del>	<del>1222 S. DALE MABRY, SUITE 652</del>	<del>TAMPA FL 33629</del>
D	SMITH, NADINE	1222 S. DALE MABRY, STE 652	TAMPA FL 33629
D	MANDEL, AMY	1222 S. DALE MABRY, SUITE 652	TAMPA FL 33629

200024081262  
 10/24/03--01022--007 \*#158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, NADINE  
 1485 CLEVELAND STREET  
 CLEARWATER FL 34615

Name Nadine Smith  
 Street Address (P.O. Box Number is Not Acceptable)  
1222 S. Dale Mabry Suite 652  
 Suite, Apt. #, Etc.  
Suite 652  
 City TAMPA State FL Zip Code 33629

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)(l), 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 S. Mandel* TREAS  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-03

Date

(813) 870-3735  
 Daytime Phone # 244

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:

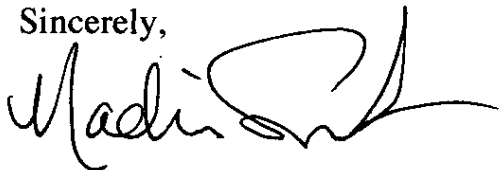
I am writing to request a waiver for reinstatement fees for our nonprofit corporation Equality Florida Human Rights Education Project, Inc. (59-3435235).

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