PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 MAY -6 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711966

1. Corporation Name

SAMUEL A. AND LOUISE K. TUCKER FAMILY FOUNDATION

REINSTATEMENT 02-03

000018304050
05/06/03--01094--019 **297.50

2. Principal Office Address	**3.** Mailing Office Address
1001 BRICKELL BAY DRIVE	1001 BRICKELL BAY DRIVE
Suite, Apt. #, etc.: 9TH FLOOR	Suite, Apt. #, etc.: 9TH FLOOR
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/16/66

5. FEI Number: 59-6175868 ☐ 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: ALBERT MORRISON, JR

Street Address (P.O. Box Number is Not Acceptable): 1001 BRICKELL BAY DRIVE

Suite, Apt. #, Etc.: 9TH FLOOR

City: MIAMI State: FL Zip Code: 33131

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: Albert Morrison Jr REGISTERED AGENT MUST SIGN Date: 5-1-03

CR2E081 (10/02)

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	SUE HUTTON	1001 BRICKELL BAY DR, 9TH FL	MIAMI, FL 33131
PD	ALBERT MORRISON JR	1001 BRICKELL BAY DR, 9TH FL	MIAMI, FL 33131
SD	JOAN G MORRISON	1001 BRICKELL BAY DR, 9TH FL	MIAMI, FL 33131

5/5/13

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: Albert Morrison Jr 5-1-03 305-373-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #