PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV 22 PM 12:44

DOCUMENT # 732400

1. Corporation Name

FLORIDA COASTAL SCHOOL OF LAW FOUNDATION, INC.

Principal Place of Business	Mailing Address
801 ANCHOR RODE DR., STE 206 NAPLES FL 34103 US	~~% DONE LIVELY~~ F, WONG Office 7555 BEACH BLVD JACKSONVILLE FL 32216

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

REINSTATEMENT 95

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/09/1975

5. FEI Number: 59-2331156 — ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ [redacted]

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	TURNER, BERNARD L	801 ANCHOR RODE DR., STE 206	NAPLES FL 34103
SD	TURNER, RITA	801 ANCHOR RODE DR., STE 206	NAPLES FL 34103
D	DANFORD, RICHARD DR.	223 W. DUVAL ST., 14TH FLOOR	JACKSONVILLE FL 32202

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*****245.00 *****245.00

8. Name and Address of Current Registered Agent

TURNER, BERNARD L
801 ANCHOR RODE DR., STE 206
NAPLES FL 34103

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (8/99)

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 [signature] REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/15/99

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] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/15/99 Daytime Phone # 941 261-6652

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