

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

08 FEB 13 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LY
0-15-08

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732400

1. Corporation Name

Florida Coastal School of Law Foundation, Inc.

2. Principal Office Address - No P.O. Box #

8787 Baypine Road

3. Mailing Office Address

8787 Baypine Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32256

Country

USA

Zip

32256

Country

USA

REINSTATEMENT 05-07
CR2E081 (1/07)
To Do Business in Florida - 04/09/1975

5. FEI Number

592331156

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
Bruce R. Wilson

Street Address (P.O. Box Number is Not Acceptable)
8787 Baypine Road

Suite, Apt. #, Etc.

City
Jacksonville

State

FL

Zip Code

32256

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Bruce R. Wilson
REGISTERED AGENT MUST SIGN

Date

1/24/08

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	C. Peter Goplerud	8787 Baypine Road	Jacksonville, FL 32256
D	Dennis J. Stone	8787 Baypine Road	Jacksonville, FL 32256
D	Wally M. Lee, III	3 Independent Drive	Jacksonville, FL 32202

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02/13/08--01028--011 **420.00

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 contained in Chapter 119, 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

C. Peter Goplerud

Date

1/24/08 904680-7700

Daytime Phone #

Holland+Knight

Tel 904 353 2000
Fax 904 358 1872

Holland & Knight LLP
50 North Laura Street, Suite 3900
Jacksonville, FL 32202-3622
www.hklaw.com

COPY

Ivan A. Colao
904 798 5488
ivan.colao@hklaw.com

February 6, 2008

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Florida Coastal School of Law Foundation, Inc.

Dear Sir or Madam:

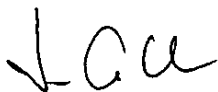
Enclosed please find a Corporate Reinstatement form for the above referenced non-profit corporation. Also enclosed is our firm check in the amount of \$420.00 in payment of the reinstatement fee for a non-profit corporation administratively dissolved in 2005.

Please acknowledge the Department's receipt of this letter and its enclosures by date stamping the enclosed copy of this letter and returning it to the undersigned in the self-addressed, stamped envelope provided for your convenience.

If you have any questions, please do not hesitate to contact me.

Kind regards,

HOLLAND & KNIGHT LLP



Ivan A. Colao

IAC/ppr

Enclosures

cc: Florida Coastal School of Law Foundation, Inc.

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Ivan Colao
Holland & Knight LLP
50 North Laura Street, Suite 3900
Jacksonville, FL 32202



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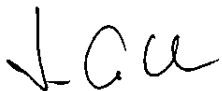
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