PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # **N00000008407**

1. Corporation Name

GARM FOUNDATION, INC.

REINSTATEMENT 01-02

2. Principal Office Address	3. Mailing Office Address
3401 Gulfshore Blvd. N.	5811 Pelican Bay Blvd.
Suite, Apt. #, etc.: #601	Suite, Apt. #, etc.: Suite 600
City & State: Naples, FL	City & State: Naples, FL
Zip: 34103 Country:	Zip: 34108 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 12/20/2000

5. FEI Number: 59-3686848 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] **$8.75 Additional Fee required for a Certificate of Status.**

7. Name and Address of Current Registered Agent

Name: FOWLER WHITE MYERS KRAUSE

Street Address (P.O. Box Number is Not Acceptable): 5811 Pelican Bay Boulevard

Suite, Apt. #, Etc.: Suite 600

City: Naples State: FL Zip Code: 34108

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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 By: Andrew J. Krause Andrew J. Krause Its: Managing Shareholder Date 4/29/02

REGISTERED AGENT MUST SIGN

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
P/T/D	Roland L. Miller	3401 Gulfshore Blvd. N. #601	Naples, FL 34103
V/S/D	Ann W. Miller	3401 Gulfshore Blvd. N. #601	Naples, FL 34103
V/D	Christine Miller-St. Jean	68 Stumpfield Road	Kensington, NH 03827

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: Roland L. Miller Roland L. Miller President 5-1-02 (239) 261-2209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #