

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N01000007591**

1. Corporation Name
THE GERARD T. WARREN FOUNDATION, INC.

Principal Place of Business	Mailing Address
801 105TH TERRACE GAINESVILLE FL 32607	801 105TH TERRACE GAINESVILLE FL 32607
If above addresses are incorrect in any way, line through incorrect information and enter correction below.	

FILED
 04 MAY 21 PM 5:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT 02-04

2. New Principal Office Address, If Applicable 10006 CROSS CREEK BLVD Suite, Apt. #, etc. # 517 City & State Tampa, Florida Zip 33647 Country USA	3. New Mailing Office Address, If Applicable 10006 CROSS CREEK BLVD Suite, Apt. #, etc. # 517 City & State Tampa, Florida Zip 33647 Country USA
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4. Date Incorporated or Qualified To Do Business in Florida 10/25/2001	Applied For Not Applicable
5. FEI Number 59-3751977	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WARREN, GERARD T	10006 CROSS CREEK BLVD. # 517	TAMPA, FL 33647
D	WARREN, COREY	10006 CROSS CREEK BLVD # 517	TAMPA, FL 33647
D	BOVAY, JACK	901 N.W. 57th Street	GAINESVILLE, FL 32605
D			
D			

8. Name and Address of Current Registered Agent
~~CURLEY, CHARLES R JR.~~
~~1301 RIVERPLACE BLVD., SUITE 1500~~
~~JACKSONVILLE FL 32207~~

9. Name and Address of New Registered Agent
 Name
 Corey Warren
 Street Address (P.O. Box Number is Not Acceptable)
10006 CROSS CREEK BLVD # 517
 Suite, Apt. #, Etc.
 City
 Tampa
 State
FL
 Zip Code
33647

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 _____ **SIGNATURE REQUIRED** _____ Date **5-18-04**
 REGISTERED AGENT MUST SIGN

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
Gerard T. Warren

Date **4/28/2004** (352) 331-7373
 Daytime Phone #

CR2E040 (8/02)