## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATI			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			TE	FILED 09 NOV 30 AM 10: 22					
DOCUMENT # N0400003868  1. Corporation Name									SECRETARY OF STATE TALLAHASSEE, FLORIDA				
TREASURE CAY COMMUNITY FOUNDATION, INC.									900163183149 11/30/0901043009 **245.00				
2. Principal Office Address - No P.O. Box # 3. Mailing O													
	LD DIX	<u>Y.</u>	133 FREEPORT ROAD				CR2E081 (12/08) 06-09						
Suite, Apt. #	#1		Suite, Apt. #, etc.				4. Date Incorporated or Qualified To Do Business in Florida 41 pg 2 pp 2						
City & State			City & State PITTSBURGH, PA				5. FEI Number Applied For						
LAKE PARK, FL				Zrp Country					201411118 Not Applicable				
3340	33403 USA		15215		US			CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee requirements for a Certificate of Status					
7. Name and Address of Current Registered Agent													
CORPORATION SERVICE COMPANY									The reinstatement fee is imposed, except in circumstances which the entity did not receive				
Street Address (P.O. Box Number is Not Acceptable)								the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement					
1201 HAYS STREET Suite, Apt. #, Etc.													
TALLAHASSEE State									•	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 Heather Chapman as its agent Date /0/27/09													
9. Names	and Street A	Addresses	of Each Officer an	d/or Director (Flo	rida nonpr	ofit cor	porations must i	st at le	ast 3 directors)				
Titles		Office	Name of sand/or Directors	Street Address of Eac Officer and/or Direct						City / State / Zip			
PRES.	EDWAR	TCRAFT	990 OLD DIXIE HWY.				#14	EAKE PARK, FL 33403					
CHAIR. TREAS	JOSEP	CALIHAN	133 FREEPORT ROAD					PITTSBURGH, PA 15215					
SECR.	ROBER	KSON	990 OLD DIXIE HWY. #				<u>#1</u> 4	L'AKE PARK, FL 33403					
ASST. SECR.	   GEORG	IART.	990 OLD DIXIE HWY.				#14	LAKE PARK, FL 33403					
TREAS		A 12/1											
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 filling 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: STATUTE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #													