

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 31 PM 4:53

SECRETARY OF STATE
FALLAHASSEL, FLORIDA

DOCUMENT # 004000004272

1. Corporation Name

Ivy Foundation, Inc.

2. Principal Office Address

P.O. Box 302

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Zip

Country

34206

Manatee

REINSTATEMENT

05

4. Date Incorporated or Qualified
To Do Business in Florida

4-26-04

5. FEI Number

56-2537578

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

Doretha A. Pratt

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

3020 9th Ave. Dr. E.

Suite, Apt. #, Etc.

800061040068

10/31/05--01038--001 **24.00

City

Palmetto

State

FL

Zip Code

34221

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

Doretha A. Pratt

Date 10-23-05

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	Ann Pearcey	1413 10 th Ave E.	Bradenton, FL 34208
VP	Jacquelin Jones	P.O. Box 295	Parrish, FL 34219
S	Brenda Harvey	1010 25 th Street	Bradenton, FL 34208
T	Sheron Corbett	6249 35 th Ave. East	Palmetto, FL 34221
M	Francina Hollaway	5637 Forester Lake Dr.	Sarasota, FL 34243
M	Shirley Shaw	2340 Lockwood Meadows Cr	Sarasota, FL 34234

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)(f), 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:

A. B. Pearcey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-05

Date

(941)

746-8542

Daytime Phone #