PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State DIVISION OF CORPORATIONS

N36533 **DOCUMENT #**

1. Corporation Name					DEC 14 PM 3:08		
OOL FOL	JNDATION,	INC.			- 50		
ipal Place of Business Mailing Address			(\$0)1(3) A	BO SHILO DISAK ALIRA MINO MHE DIGIN BIDI	I DJOH OLOH BJOH BIDJI 1881		
•				MISMENT	\mathcal{O}		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							
New Principal Office Address, If Applicable Principal, Edgewater High School			4. Date Incorporated or Qualified To Do Business in Florida 02/05/1990				
Suite, Apt. #, etc. 3100 Edgewater Drive Suite, Apt. #, etc.					Applied For		
City & State				59-3000721	Not Applicable		
Zip	Country	у			5 Additional Fee required or a Certificate of Status		
or Director (Flo	· · · · · · · · · · · · · · · · · · ·						
			City / State / Zip		ite / Zip		
PB HOLDROOK, DAVID 1. S117-E)+17-EDGEWATER-DR		OREANDO: FE 32884			
B CARPENTER, -RITSY-P-		825-SEVILLE PLACE-		OREANDO: FL			
B GORBY; C-BRUCE-		1135-OVERBROOK DRIVE		-OREANDO-FL			
DS MENALLY; JOHN-8; JR		\$15-EROBINSON-ST.,-SUITE-100		-OREANDO: FL	1		
					na		
					h .		
8. Name and Address of Current Registered Agent				» • ,			
HOLBROOK, DAVID-L F & L Corp 00004741050— Street Address (P.O. Box Number is Not Applicable) 7(1) — 11125—11					0501		
31 17 EDGEWATER DR 200 Lau					ra Street ****236.25 ****236.25		
City Jack				sonville State Zip Code 32202-3510			
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.							
Signature of Registered Agent Date 1/2/101							
	Mailing Addrr C/O WENDE POST OFFIC ORLANDO FI 3. New Maili S chool Suite, Apt. #, - City & State Zip /or Director (Flo	Malling Address C/O WENDELL J. KISER POST OFFICE BOX 3000 ORLANDO FL 32802 US ough incorrect information and enter 3. New Mailing Office Address, If S chool Suite, Apt. #, etc. City & State Zip Countr Or Director (Florida nonprofit corpore 3 Str 3 Of 3+17-EDGEWAF 1135-GVERBRO 315-EROBINSO Registered Agent	C/O WENDELL J. KISER POST OFFICE BOX 3000 ORLANDO FL 32802 US ough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable School Suite, Apt. #, etc. City & State Zip Country /or Director (Florida nonprofit corporations must list at lea Street Address of Each Officer and/or Director 3+17-EDGEWATER-DR 825-SEVILLE PLACE 1135-OVERBROOK DRIVE 3+5-E-ROBINSON-ST., SUITE-10 Registered Agent Name F & L Co Street Address (P 200 -Laur Suite, Apt. #, Etc. City Jacksony	Mailing Address C/O WENDELL J. KISER POST OFFICE BOX 3000 ORLANDO FL 32802 US ough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable School Suite, Apt. #, etc. City & State Zip Country Country Country 6. CERTIFICATE 6. CERTIFICATE 6. CERTIFICATE 1135-OVERBROOK DRIVE 315-E-ROBINSON-ST., SUITE-100 Registered Agent Name F & L Corp Street Address (P.O. Box Number 200 - Laura Street Suite, Apt. #, Etc. City Jacksonville	Mailing Address C/O WENDELL J. KISER POST OFFICE BOX 3000 ORLANDO FL 32802 US ough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable School Suite, Apt. #, etc. City & State Zip Country Certificate of Status Desired Street Address of Each Officer and/or Director 3 Street Address of Each Officer and/or Director 4 City / State 3 State PLACE The Delands of Each Officer and/or Director 4 State PLACE The Delands of Each Officer and/or Director 4 State PLACE The Delands of Each Officer and/or Director 4 State PLANDO-FL The School State PLACE The Delands of Each Officer and/or Director The Delands of Each The Delands of Ea		

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 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 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

EDGEWATER HIGH SCHOOL FOUNDATION BOARD OF TRUSTEES AND OFFICERS 2001-2002

Position	NAME	Address	
D	Suzanne Bigalke	2131 Companero Ave. Orlando, FL 32804	
DV	Michael Blasewitz	Edgewater High School 3100 Edgewater Drive Orlando, FL 32804	
, D .	Ritsy Carpenter	- 825 Seville Place Orlando, FL 32804	
DS	Susan B. Gordy	1135 Overbrook Drive Orlando, FL 32804	
D	Floyd Henson	1124 N. Westmoreland Dr. Orlando, FL 32804	
D	David L Holbrook	3117 Edgewater Drive Orlando, FL 32804	
D	Scott Johnson	750 Alba Drive Orlando, FL 32804	
D	Henry Pfingstag	1601 The Oaks Drive Maitland, FL 32751	
DP	John A. Sanders	Foley and Lardner P.O Box 2193 Orlando, FL 32802-2193	
D	Margaret Sanders	641 Williams Drive Winter Park, FL 32789	
D	Joanie Schirm	516 Lakeview Street Orlando, FL 32804	
DT	Bo Trumbo	1114 Seville Place Orlando, FL 32804	
DV	Dexter Williams	4744 Bloodhound St. Orlando, FL	
D	Mike Williams	543 Lime Street Orlando, FL	