

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 DEC -2 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N49210**

1. Corporation Name
JOSEPHINE S. LEISER FOUNDATION, INC.

Principal Place of Business % FRANCIS B. BROGAN, JR. 1515 EAST LAS OLAS BLVD., SUITE 1500 FORT LAUDERDALE FL 33301 US	Mailing Address % FRANCIS B. BROGAN, JR. 1515 EAST LAS OLAS BLVD., SUITE 1500 FORT LAUDERDALE FL 33301 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 515 East Las Olas Boulevard Suite, Apt. #, etc. Suite 1500 City & State Fort Lauderdale, Florida Zip 33301 Country USA	3. New Mailing Office Address, If Applicable 515 East Las Olas Boulevard Suite, Apt. #, etc. Suite 1500 City & State Fort Lauderdale, Florida Zip 33301 Country USA
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4. Date Incorporated or Qualified To Do Business in Florida 06/01/1992	Applied For <input type="checkbox"/> Not Applicable
5. FEI Number 65-0347903	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PTR	Theodore K. Friedt	1431 S. Ocean Blvd. Villa 37	Pompano Beach, FL 33062
VTR	James Baxter Turner, Jr.	Elk River Club 4 Cardinal Court	Banner Elk, NC 28604
T	Joan Beard	2638 NE 35th Drive	Fort Lauderdale, FL 33308
STR	Joan Beard	2638 NE 35th Drive	FT LAUDERDALE FL 33308
			500003071735--4 -12/15/99--01096--011 ***236.25 ***236.25

8. Name and Address of Current Registered Agent BROGAN, FRANCIS B JR. 515 EAST LAS OLAS BLVD. SUITE 1500 FORT LAUDERDALE FL 33301	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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: *Francis B. Brogan* REGISTERED AGENT MUST SIGN Date: 11/9/99

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: *Theodore K. Friedt, Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E04G (9/99)