

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 NOV 15 PM 4:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N94000000050**

1. Corporation Name
THE SAILS FOUNDATION, INC.

Principal Place of Business Mailing Address

**800 SOUTHEAST THIRD AVE
 FORT LAUDERDALE FL 33301
 US** **800 SOUTHEAST THIRD AVE
 FORT LAUDERDALE FL 33301
 US**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

REINSTATEMENT *CG*

4. Date Incorporated or Qualified To Do Business in Florida
01/08/1994

5. FEI Number
65-0479556 Applied For **SP**
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required to obtain certificate of status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	WILLIAMS, ELIJAH BRYAN D. COHEN	800 SE THIRD AVE 1402 E. LAS OLAS BLVD #1098	FT LAUDERDALE FL 33301
SD	ETLING, ELLEN C	700 S.W. 26TH STREET	FORT LAUDERDALE FL 33315
TD	HEGGLER, JEFFREY DAVID R. LAWRENCE	800 SOUTHEAST THIRD AVE 1408 BRICKELL AVE 8TH FLR	FT LAUDERDALE FL MIAMI, FL 33131
			700003061037--5 -12/05/99--01014--010 ***236.25 ****236.25

8. Name and Address of Current Registered Agent

WHITELOCK, CHARLES T
ONE EAST BROWARD BLVD.
FORT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name
DAVID R. LAWRENCE

Street Address (P.O. Box Number is Not Acceptable)
1408 BRICKELL AVE 8TH FLR

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent **David Lawrence** **REQUIRED** Date **11-12-99**

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: **David R. Lawrence** **REQUIRED** Date **11-12-99** (605) 374-5020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DAVID R. LAWRENCE, TREASURER