PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 27 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000002938**

1. Corporation Name

THE HANDLEY FOUNDATION, INC.

Principal Place of Business	Mailing Address
617 ISLE OF PALMS DR FORT LAUDERDALE FL 33301	2400 E LAS OLAS BLVD FORT LAUDERDALE FL 33301

Please note #

REINSTATEMENT 03

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. 2400 E. Las Olas Blvd #425
City & State	City & State Fort Lauderdale, FL
Zip / Country	Zip 33301 / Country US

4. Date Incorporated or Qualified To Do Business in Florida: 05/12/1999

5. FEI Number: 58-2469598 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DVS	HANDLEY, RICHARD L	617 ISLE OF PALMS DR	FORT LAUDERDALE FL 33301
DV	HOUGHTON, HELEN H	1016 FIFTH AVE	NEW YORK NY 10028
DPT	HANDLEY, STEPHEN L	10 AZURE BRAC PO BOX 630	GRANTHAM NH 03753
DV	HANDLEY, KENNETH G JR	724 FREEZE CREEK CIR	SALT LAKE CITY UT 84108

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10/27/03--01137--005 **235.25

8. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVE., 28TH FLOOR
MIAMI FL 33131

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

CR2E040 (7/03)

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. or 617.0505, F.S.

American Information Services, Inc.

Signature of Registered Agent: By: Mary A. Tuells, Asst. Sec. Date: Oct. 17, 2003
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: Richard L Handley 10/14/03 954-627-5036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Richard L. Handley, Director