PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV -4 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P16354

1. Corporation Name

STARKEY HEARING FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4248 PARK GLEN ROAD<br>MINNEAPOLIS MN 55416 | 4248 PARK GLEN ROAD<br>MINNEAPOLIS MN 55416 |

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

REINSTATEMENT

| 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 |

4. Date Incorporated or Qualified To Do Business in Florida: 10/13/1987

5. FEI Number: 36-3297852 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---|---|---|---|
| PD | GALLAGHER, SHERYL L | 6550 YORK AVE. S. #412 | EDINA MN |
| VSD | GEORGE, PAMELA | 325 CEDAR ST, #400 | ST. PAUL MN |
| VD | GORRA, JOHN | 6400 FLYING CLOUD DRIVE | EDEN PRAIRIE MN |
| ASV | HARRINGTON, ED | 4248 PARK GLEN RD | MINNEAPOLIS MN |
| T | SWEEN, MARK G. | 1624 HARMON PLACE #207 | MINNEAPOLIS MN 55403 |
| | | | |

400002000164--6
-11/08/96--01031--009
175.00 ****175.00

400002000164--6
-11/08/96--01031--010
200.00 ****200.00

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name: James Bell
Street Address (P.O. Box Number is Not Acceptable): 2255 Glades Road #324A
Suite, Apt. #, Etc.: 324A
City: Boca Raton
State: FL
Zip Code:

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: SIGNATURE REQUIRED James Bell Date: 10-10-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: SIGNATURE REQUIRED Ed A. Harrington 09/19/96 927/927-9220
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (96)