

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 13 AM 10:54

DOCUMENT # **NOU000002769**

1. Corporation Name

FISHER OF MEN FOUNDATION, INC.

600036967666
05/20/04--01061--022 **245.00

REINSTATEMENT 01-04

2. Principal Office Address

4251 SW 13TH STREET

Suite, Apt. #, etc.

STE 3-A

City & State

GAINESVILLE, FL.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

32608

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4.21.2000

5. FEI Number

59-3639919

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN BAGLEY

Street Address (P.O. Box Number is Not Acceptable)

4251 SW 13TH STREET

Suite, Apt. #, Etc.

City

GAINESVILLE, FLORIDA

State

FL

Zip Code

32608

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **5.12.04**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
FINANCE OFF.	MARCUS FORD	314 NW 57TH STREET	G.VILLE, FL. 32607
PROPERTY OFF.	AARON ROLLINS	17027 NW 46TH AVE.	ALACHUA, FL. 32615
OPERATION OFF.	JOHN BAGLEY	4251 SW 13TH STREET	G.VILLE, FL. 32608

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN D. BAGLEY

Date

5.12.04

Daytime Phone #

281-3778

CR25081 (01/04)