

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 NOV -3 AM 11:56

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **708000011509**

1. Corporation Name

Joan Leslie Nichols Foundation, Inc.

2. Principal Office Address - No P.O. Box #  
111 SE 12th Street

3. Mailing Office Address  
111 SE 12th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port Lauderdale, FL

Port Lauderdale, FL

Zip  
33316

Country  
USA

Zip  
33316

Country  
USA

800186479358  
10/08/10--01035--002 \*\*236.25

CR2B081 (6/10)

4. Date Incorporated or Qualified 12/23/2008

5. FEI Number  
26-3923755

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  
Michael E. O'Connor

Street Address (P.O. Box Number is Not Acceptable)  
111 SE 12th Street

Suite, Apt. #, Etc.  
Suite C

City  
Port Lauderdale

State  
FL

Zip Code  
33316

**REINSTATEMENT**

800186479358  
11/03/10--01012--011 \*\*61.25

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

Date

10/6/10

REGISTERED AGENT MUST SIGN

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
D	Barbara Bihus	2148 NE 17th Terrace	Wilton Manors, FL 33305
D	Mary Martin	110 NE 7th Avenue	Delray Beach, FL 33483
D	Valerie Mathews	1117 Lashley Street	Longmont, CO 80501
D	Carol West	4752 Maple Lane	Edgewater, FL 32142
D	Jacwen Jones	1621 NE 18th Avenue	Fort Lauderdale, FL 33305
D	Jane Foley	2030 NE 56th Court	Fort Lauderdale, FL 33308

10. E-mail Address: meomco@aol.com

(To be used for future annual report notification)

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. I further certify, 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:

*Barbara M. Bihus*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/10

Date

954-288-8915

Daytime Phone #