

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** 711966

**1. Corporation Name**

SAMUEL A AND LOUISE K TUCKER FAMILY FOUNDATION, INC

**2. Principal Office Address - No P.O. Box #**

1001 BRICKELL BAY DRIVE

**3. Mailing Office Address**

SAME AS PRINCIPAL

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

9TH FLOOR

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

**City & State**

MIAMI

**City & State**

**Zip**

FL 33131

**Country**

USA

**Zip**

**Country**

**7. Name and Address of Current Registered Agent**

**Name**

SUSAN MORRISON

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

1001 BRICKELL BAY DRIVE

**Suite, Apt. #, Etc.**

9TH FLOOR

**City**

MIAMI

**State**

FL

**Zip Code**

33131

**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**

*Susan Morrison*

Date 5/5/10

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	JOAN MORRISON	12605 SW 64TH AVE	MIAMI, FL 33156

**10. E-mail Address:**

smorrison@mbafcpa.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:**

*Susan Morrison*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

900180911339  
07/08/10--01034--006 \*\*175.00

900180911339  
05/14/10--01036--002 \*\*245.00

CR2E081 (4/10)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1994

**5. FEI Number**

59-6175868

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**PROFIT CORPORATIONS ONLY**

☐ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

REINSTATEMENT

B 7/9/10  
67-10110