

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND

APPROVED  
FILED

98 DEC 31 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 712557

1. Corporation Name  
DR. PAUL DUDLEY WHITE NATIONAL BICYCLING FOUNDATION, INC.

Principal Place of Business	Mailing Address
24 N.E. 12 STREET HOMESTEAD FL 33030	24 N.E. 12 STREET HOMESTEAD FL 33030

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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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/07/1967	
City & State		City & State		5. FEI Number	
Zip		Country		23-7065328	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)

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
P	FICHTER, NADINE	431 GLENWOOD RD	DELAND FL
D	GHEZZI, EDWARD M.	9595 N. KENDALL DRIVE	MIAMA FL 33176
SD	WOODS, SALLY	15000 S.W. 296 ST.	HOMESTEAD FL 33030 3
TD	CAMPBELL, RUTH	24 N.E. 12 ST.	HOMESTEAD FL
D	CORNELL, THOMAS DR.	18570 S.W. 294TH TERR.	HOMESTEAD FL
VP	SWALM, TOWNSEND E.	1252 S.W. 99TH AVE.	MIAMI FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAMPBELL, RUTH 24 N.E. 12 STREET HOMESTEAD, FL HOMESTEAD FL 33030	Name	Sally Woods
	Street Address (P.O. Box Number is Not Acceptable)	15000 S.W. 296 Street
	Suite, Apt. #, Etc.	
	City	Homestead
		800002733618--1
		01/07/98 State - FL Code - 017
		***23-FL-33030325

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: Sally Woods REGISTERED AGENT MUST SIGN Date: 12/29/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Sally Woods (305) 12/29/98 247-1804166  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #