

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 718090

1. Corporation Name THE LA AMISAD FOUNDATION INC.

FILED

97 DEC -1 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

8400 LA AMISAD COVE . FERN PARK
FL. 32730

REINSTATEMENT 97

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

2. New Principal Office Address, If Applicable
LA AMISAD FND. INC.
Suite, Apt. #, etc

3. New Mailing Office Address, If Applicable
PO. Box 300 302
Suite, Apt. #, etc

4. Date Incorporated or Qualified
To Do Business in Florida FEB, 18 1970

5. FEI Number
591300 982.

Applied For
Not Applicable

City & State
FERN PARK
Zip
32730

Country
SEMINOLE

City & State
FL. 32730 FERN PARK
Zip
32730

Country
SEMINOLE

6. CERTIFICATE OF STATUS DESIRE D ☒ \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
President	R.A. BURNS	460 ORIENTA Point	Altamonte Sp. FL. 32701.
Chair/ SEC./TRE.	BRADLEY DAVIS	390 N. ORANGE AV. Ste 800	ORLANDO FL. 32801.
DIR.	Perry NIES.	30 MAILAND GROVE.	MAILAND FL. 32751.
DIR.	BRUCE WOODRUFF.	3101 Maquire Blvd.	ORLANDO FL. 32803.
DIR.	LINDA RIMMER.	6400 S. Orange Av.	ORLANDO FLA. 3280
DIR.	Helen BOOTH.	AZALEA AV.	WINTER PARK FL.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
BRADLEY DAVIS
Street Address (P.O. Box Number is Not Acceptable)
390 N. ORANGE Av. Suite 800
Suite, Apt. #, Etc.

City
ORLANDO

200002362362--0
-12/03/97 State 010891-020
****245 FD ****245 LOO

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

Bradley Davis

REGISTERED AGENT MUST SIGN

Date 11-24-97

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:

R.A. Burns President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 24 . 1997. 407 331 7226.
Date Daytime Phone #