

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

5 JUL 26 AM 8:20

HASSEY 07/20/15

DOCUMENT # 722268

1. Corporation Name

The Sample Foundation, Inc.

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

1500 Poly Drive

Suite, Apt. #, etc.

Suite 110

City & State

Billings, MT

Zip

59102

Country

USA

3. Mailing Office Address

P.O. Box 279

Suite, Apt. #, etc.

City & State

Billings, MT

Zip

59103

Country

USA

CR28081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/1971

5. FEI Number

59-6138602

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
NRAI Services, Inc.

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

1200 South Pine Island Road

Suite, Apt. #, etc.

City

Plantation

State

FL

Zip Code

33324

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

[Handwritten Signature]

Date

7/24/15

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
Dir/Pres	Barbara M. Sample	2517 Irving Place	Billings, MT 59102
Dir/Chairman	Jossepoh S. Sample	606 Highland Park Drive	Billings, MT 59102
Sec/Treas	Thomas A. Cox	6 Barr Hill Way	Seal Harbor, ME 40675
Director	James Sample	275 W. 96th St., Apt. 8B	New York, NY 10025
Director	Kate Sample	632 Knickerbocker	Madison, WI 53711
	See attached		

REINSTATEMENT

10. E-mail Address: sampkfoundation@gmail.com

(To be used for future annual report notification)

07/19/15-2015

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

Barbara M. Sample (Barbara M. Sample) President

Date

7-17-15 406 690-0559

SIGNATURE AND FULLY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. HAWKES

JUL 27 AM

EXAMINER

FILED
15 JUL 26 AM 8:20
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT
THE SAMPLE FOUNDATION

9. Names and Addresses of Each Officer and/or Director - continued

Title	Name	Street Address	City/State/Zip
Director	John Sample	681 Woodmont Avenue	Berkeley, CA 94708
Director	Ryan Sample	1156 St. Augustine Place NE	Atlanta, GA 30306
Director	Bridget Joyner	5472 Klements Lane	Florence, MT 59833
Director	Joseph F. Sample	855 Parkview Way	Missoula, MT 59803
Director	David Sample	34174 Camden Lane	Polson, MT 59860
Director	Patrick Sample	803 Index Avenue	Index, WA 98256

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : NRAM SERVICES, LLC
Account Number : 120080000104
Phone : (302) 674-4089
Fax Number : (302) 674-5266

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: samplefoundation@gmail.com

**CORPORATION REINSTATEMENT
THE SAMPLE FOUNDATION, INC.**

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