PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

98 AR

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mort[illegible]
Secretary o[illegible]
DIVISION OF COR[illegible]

FILED
98 JUN 22 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735435

1. Corporation Name
FRIENDS OF RETARDED, INC.

Non-Profit

Principal Place of Business	Mailing Address
CHARLOTTE WEINPRESS	3173 VIA POINCIANA #209 LAKE WORTH, FL 33467-1975

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
Suite, Apt. #, etc.	AUGUSTA MAGID Suite, Apt. #, etc. 3597 BERDIE DR #303
City & State	City & State LAKE WORTH FL
Zip / Country	Zip 33467 / Country

4. Date Incorporated or Qualified To Do Business in Florida
MARCH 31, 1976

5. FEI Number 65-0013572 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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*****61.25 *****61.25

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City, State 4
PRES.	PD CHARLOTTE WEINPRESS	3178 VIA POINCIANA #209	LAKE WORTH FL 33467
VICE PRES	VD FRAN GROSS	3597 BERDIE DR #101	LAKE WORTH FL 33467
TREA	T AUGUSTA MAGID	3597 BERDIE DR #303	LAKE WORTH FL 33467
F.SEC.	FLORENCE SHULLER	3597 BERDIE DR.	LAKE WORTH FL. 33467
SEC	MYRA ULLMAN	3358 PERIMETER DR	LAKE WORTH FL 33467

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8. Name and Address of Current Registered Agent

CHARLOTTE WEINPRESS PD
3178 VIA POINCIANA #209
LAKE WORTH, FL 33467-1975

9. Name and Address of New Registered Agent

Name: AUGUSTA MAGID T
Street Address (P.O. Box Number is Not Acceptable): 3597 BERDIE DR #303
Suite, Apt. #, Etc.
City: LAKE WORTH State: FL Zip Code: 33467

CR2E040 (1/98)

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: Augusta Magid
REGISTERED AGENT MUST SIGN
Date: 6/18/98 (4-27-98)

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: Charlotte Weinpress
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-98
Date

561-969-9989
Daytime Phone #