


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">98 SEP -4 AM 11:38</div> <div style="font-size: 1.1em; font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
DOCUMENT # 737094 1. Corporation Name THE KATHERINE PRICE FOUNDATION, INC.		<div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">REINSTATEMENT</div> <div style="font-size: 1.2em; font-weight: bold;">95-98 aw</div>		<div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.1em;">DO NOT WRITE IN THIS SPACE</div>	
Mailing Address Principal Place of Business 1025 N.W. AVENUE D BELLE GLADE, FL 33430		<div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.1em;">DO NOT WRITE IN THIS SPACE</div>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Mailing Address, If Applicable 101 S.E. 7TH STREET N. Suite, Apt. #, etc.		3. New Principal Office Address, If Applicable N/A, No Change Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 10/21/76	
City & State BELLE GLADE, FL Zip 33430		City & State Zip Country USA		5. FEI Number 59-1715687 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		<div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.1em;">\$8.75 Additional Fee required for a Certificate of Status</div>			
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		
T/S/D	DR. JOSEPH R. ORSENIGO	101 S.E. 7TH STREET N.	BELLE GLADE, FL 33430		
T/D	MERCEDES ROBINSON	857 S.W. AVENUE C PLACE	BELLE GLADE, FL 33430		
D	MARY ALMA STEVENSON	636 S.E. FIRST STREET	BELLE GLADE, FL 33430		
D	NANCY SMITH	1740 S.E. AVENUE K	BELLE GLADE, FL 33430		
				<div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.1em;">7000002636297-009</div> <div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.1em;">-09/10/98-01059-009 3</div> <div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.1em;">****428.75 ****428.75</div>	
8. Name and Address of Current Registered Agent JOHN E. BAKER 257 S.E. AVENUE E BELLE GLADE, FL 33430			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code		
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 John E. Baker Date 6/31/98 <div style="text-align: center; font-weight: bold; font-size: 1.1em;">REGISTERED AGENT MUST SIGN</div>					
11: If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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 Joseph R. Oarsenigo <div style="display: flex; justify-content: space-between;"> <div style="font-size: 0.8em;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div> <div style="font-size: 0.8em;">Date</div> <div style="font-size: 0.8em;">Daytime Phone #</div> </div>					

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