

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1996 DEC 31 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 755582

1 Corporation Name The Winter Haven Foundation, Inc.

Principal Place of Business

Mailing Address

401 Ave. B, NW
Winter Haven, FL
33881

P. O. Box 1420
Winter Haven, FL
33882-1420

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 Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2126237

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$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	Stewart, John (Dr.)	1103 Cypress Point Dr., SE	Winter Haven, FL 33884
T	Doty, William	299 6th Street, SW	Winter Haven, FL 33880-3261
S	Cowan, Rex P.	505 Avenue A, NW	Winter Haven, FL 33881-4650
D	Criss, Charles	312 Niblick Circle	Winter Haven, FL 33881
D	Saterbo, Edith	2928 Plantation Road	Winter Haven, FL 33884
D	Soldo, M.J.	82 Jenni Ashley Court	Winter Haven, FL 33884-3045

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Bob Gernert, Jr.

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

401 Avenue B, NW

Suite, Apt. #, Etc.

600002047866-9

City

Winter Haven

FL 33881

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

Bob Gernert, Jr.
REGISTERED AGENT MUST SIGN

Date 12/31/96

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 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:

William R. Doty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-31-96

Date

Daytime Phone #

CR2040 (12/95)