PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 AUG -2 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 761652

1. Corporation Name
FLORIDA ALPHA EDUCATIONAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
121 S.W. 13th Street Gainesville, FL 32601	121 S.W. 13th Street Gainesville, FL 32601

REINSTATEMENT 83-99

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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
201 North Marion Street	201 North Marion Street
Suite, Apt. #, etc. Suite 301	Suite, Apt. #, etc. Suite 301
City & State Lake City, FL	City & State Lake City, FL
Zip: 32055 Country: USA	Zip: 32055 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1-29-82

5. FEI Number: 59-2180616 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 (now $9.00) Fee required for Certified Copy

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 D	BROWN, HYATT	2205 Ridgewood Avenue P.O. Drawer 1712	Daytona Beach, FL 32015
S T D	POE, WILLIAM	101 E. Kennedy Blvd., Ste. 3300 P.O. Drawer 1348	Tampa, FL 33629
V D	ROGERS, DOYLE	801 Spencer Drive P.O. Box 431	West Palm Beach, FL 33409
D	NORRIS, GUY	201 N. Marion St., Ste. 301	Lake City, FL 32055
D	TRIPLETT, TOM	2630 N.W. 41st St., Bldg. B	Gainesville, FL 32606

8. Name and Address of Current Registered Agent

LAWRENCE, CLINTON B. (Deceased)
3008 N.W. 13th Street
Gainesville, FL 32601

9. Name and Address of New Registered Agent

Name: GUY NORRIS
Street Address (P.O. Box Number is Not Acceptable): 201 North Marion Street
Suite, Apt. #, Etc.: Suite 301
City: Lake City | State: FL | Zip Code: 32055

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: X _____ Date: 7-26-99
REGISTERED AGENT MUST SIGN

11. This corporation owes 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: X _____ 7-26-99 904-752-7240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #