

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB -2 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **856487**

1. Corporation Name

Reuben Capelouto Foundation Inc

2. Principal Office Address

700 Capital Circle NE

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Zip

32301

Country

USA

Zip

Country

REINSTATEMENT

95-00

T. Roberts FEB 02 2006

**4. Date Incorporated or Qualified
To Do Business in Florida**

5-19-83

5. FEI Number

63-0818945

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

Grant A Capelouto

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

700 Capital Circle NE

Suite, Apt. #, Etc.

City

Tallahassee FL

State

FL

Zip Code

32301

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

[Signature]

Date **2/2/06**

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
President MR	Raymond A Capelouto	700 Capital Circle NE	Tall 32301
MR MR	Grant A Capelouto	700 Capital Circle NE	32301
DR DR	Michael D. Hubbard	1912 Chowkebin Ct.	Tallahassee FL 32301
Dr.	Jesusa C. Legaspi	980 Watersview Dr.	Tallahassee FL 32311
Dr.	Lambert H.B. Kanga	1098 High Meadow Dr	Tallahassee FL 32311

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/06

Date

850-544-2458

Daytime Phone #