

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 FEB 12 PM 5:53

DOCUMENT # F0000006339

1. Corporation Name

THE LOCKHART FAMILY FOUNDATION, INC

JM
227

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address - No P.O. Box #

1314 E LAS OLAS BLVD

3. Mailing Office Address

1314 E LAS OLAS BLVD

Suite, Apt. #, etc.

1060

Suite, Apt. #, etc.

1060

City & State

FORT LAUDERDALE

City & State

FORT LAUDERDALE

Zip

33301

Country

US

Zip

33301

Country

US

REINSTATEMENT 03-09

4. Date Incorporated or Qualified To Do Business in Florida

DECEMBER 14, 1999

5. FEI Number
94-3347363

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
JAMES B LOCKHART

Street Address (P.O. Box Number is Not Acceptable)
1314 E LAS OLAS BLVD

Suite, Apt. #, Etc.
1060

City
FORT LAUDERDALE

State
FL

Zip Code
33301

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

James B Lockhart
REGISTERED AGENT MUST SIGN

Date FEB 10, 2009

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
PRES	JAMES B LOCKHART	1314 E LAS OLAS BLVD	FORT LAUDERDALE FL 33301
EVP	RUTH D LOCKHART	1314 E LAS OLAS BLVD	FORT LAUDERDALE FL 33301
VP	MARC B LOCKHART	13004 TRINITY COURT	RICHMOND VA 23233
VP	DIALLO H WILLIAMS	837 NE 17TH TERRACE	FORT LAUDERDALE FL 33304

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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 contained in Chapter 119, 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:

James B Lockhart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES B LOCKHART

FEB 10, 2009

Date

954-527-0890

Daytime Phone #