
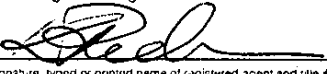
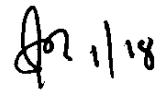
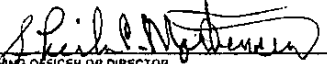


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
07 JAN 16 AM 10:23  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

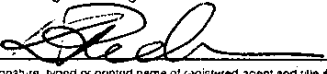
<b>DOCUMENT # F03000000031</b> 1. Entity Name <b>THE MORTENSEN FAMILY FOUNDATION INCORPORATED</b>					
Principal Place of Business <b>10072 TAVISTOCK RD ORLANDO, FL 32827</b>			Mailing Address <b>10072 TAVISTOCK RD ORLANDO, FL 32827</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR SUITE 4 WESTON, FL 33331</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>1/8/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2007, Fee will be \$297.50</b>			Make check payable to <b>Florida Department of State</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD MORTENSEN, SHEILA C 10072 TAVISTOCK RD ORLANDO, FL 32827</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TSD MORTENSEN, LAWRENCE 10072 TAVISTOCK RD ORLANDO, FL 32827</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MORTENSEN, NEAL 10457 LOUETTA LANE ORLAND PARK, IL 60457</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MORTENSEN, MONICA 10072 TAVISTOCK RD ORLANDO, FL 32827</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>SHEILA C. MORTENSEN</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>Nov. 30, 2006</b> <small>Daytime Phone #</small>	

**REINSTATEMENT** FEE 099 (11/05)

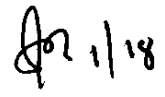
4. FEI Number **36-4474465**  
☐ Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

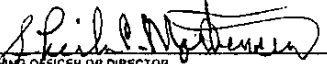
7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 State **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE  DATE **1/8/07**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$236.25**  
**After January 1, 2007, Fee will be \$297.50**  
 Make check payable to  
**Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD MORTENSEN, SHEILA C 10072 TAVISTOCK RD ORLANDO, FL 32827</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>900082453769 12/11/06--01075--011 **236.25</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TSD MORTENSEN, LAWRENCE 10072 TAVISTOCK RD ORLANDO, FL 32827</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MORTENSEN, NEAL 10457 LOUETTA LANE ORLAND PARK, IL 60457</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MORTENSEN, MONICA 10072 TAVISTOCK RD ORLANDO, FL 32827</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SHEILA C. MORTENSEN**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date **Nov. 30, 2006**  
Daytime Phone #

# MEMO

DATE: JAN. 11, 2007  
TO: KRISTEN ECKEL - FLA. DIVISION OF COR  
FROM: SHEILA C. MORTENSEN  
SUBJECT: MORTENSEN FAMILY FOUNDATION INC.

DEAR KRISTEN:

ENCLOSED PLEASE FIND DOCUMENT<sup>#</sup> F0300000031  
SIGNED BY NRAI SERVICES INC. AS PER YOUR REQUEST.

PLEASE BE ADVISED THAT THE CORPORATION  
WILL NOT BE FILING FOR 2007 AS IT WILL BE  
DISSOLVED AT THE END OF 2006.

THANK YOU FOR YOUR HELP.

SINCERELY,

*Sheila Mortensen*