

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 19 PM 2:53

DOCUMENT # F94000001161

1. Corporation Name

NATIONAL CHARITABLE DEPOSITORY, INC.

Principal Place of Business

Mailing Address

FAMILY OFFICE SERVICES CORP
1127 EDGEWATER DR
ORLANDO FL 32804
US

P O BOX 540777
1031 W. MORSE BLVD., STE. 315
ORLANDO FL 32854-777
US



REINSTATEMENT

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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

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0462974

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

Orlando, FL
32854-777 US

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDC	BROWN, DONALD E	1127 EDGEWATER DRIVE	ORLANDO FL 32804
VTDC	BLANTON, WILLIAM J	1916 ST. MARY'S ST.	RALEIGH NC 27608
DS	FONTES, DONALD F	12729 WATERMAN DR.	RALEIGH NC 27614

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROWN, DONALD E
1127 EDGEWATER DRIVE
ORLANDO FL 32804

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

Date 10/17/00

REGISTERED AGENT MUST SIGN

11. 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.

AD

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/00 407 420 900

Daytime Phone #