

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 DEC -9 PM 3:32

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **F95000006004**

1. Corporation Name

**THE V FOUNDATION, INC.**

Principal Place of Business

Mailing Address

1201 WALNUT STREET  
 2ND FLOOR  
 CARY NC 27511

1201 WALNUT STREET  
 2ND FLOOR  
 CARY NC 27511



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 **12/16/97-12/16/99** **009**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**13-3705951**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

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)

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
ED	INMAN, KEITH	1201 WALNUT STREET	CARY NC 27511
P	LLOYD, ROBERT E	88 ROWLAND WAY	NOVATO CA 94945
V	BORNSTEIN, STEVEN M	605 THIRD AVENUE	NEW YORK NY 10158
S	DURSO, EDWIN M	605 THIRD AVENUE	NEW YORK NY 10158
T	RHOADS, HARRY JR RHOADS	340 S HENRY ST 11603 Prince St.	ALEXANDRIA VA 22314
D	BAST, ROBERT C JR	1515 HOLCOMBE BLVD, BOX 92	HOUSTON TX 77030

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

Name

**REINSTATEMENT**

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

**PETER F. SOUZA**  
 ASSISTANT SECRETARY

Date

**11/5/97**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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)(f), 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:

*[Handwritten Signature]*

**11/20/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/97)