

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004484

1. Corporation Name

AMERICAN FUND RAISING CO., INC.

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

216 - 20TH STREET W. 216-20TH STREET W.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

BRADENTON, FL.

City & State

BRADENTON, FL.

Zip

Country

34205

MANATEE

Zip

Country

34205

MANATEE

7. Name and Address of Current Registered Agent

Name

GERALD R. AVERKAMP, PRES.

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

216 - 20TH STREET W.

Suite, Apt. #, Etc.

City

BRADENTON, FL

State

FL

Zip Code

34205

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

S. R. Averkamp, Pres.
REGISTERED AGENT MUST SIGN

Date 6-26-07

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 |
|------------------------------|--------------------------------------|---|-----------------------------|
| <u>PRES</u> | <u>GERALD R. AVERKAMP</u> | <u>216-20TH STREET W</u> | <u>BRADENTON, FL. 34205</u> |
| <u>SECY</u> <u>(PRES)</u> | <u>KAREN J. AVERKAMP</u> | <u>216-20TH STREET W</u> | <u>BRADENTON, FL. 34205</u> |
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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:

S. R. Averkamp, Pres. GERALD R. AVERKAMP, PRES. 6-26-07 941-746-4556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

07 JUN 27 PM 12: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400105299524

07/03/07--01015--019 **1208.75

REINSTATEMENT
04-07

CR2E081 (1/07)

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

1996

5. FEI Number

39-1370601

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

☐ 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.