

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000000385

1. Corporation Name

NATIONAL ROAD SAFETY FOUNDATION, INC.

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

3 New York Plaza

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10004

Country

U.S.

3. Mailing Office Address

3 New York Plaza

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10004

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

1/20/99

5. FEI Number

136128274

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
Sidney F. Ansbacher, Esquire

Street Address (P.O. Box Number is Not Acceptable)
Upchurch Bailey and Upchurch, P.A.

Suite, Apt. #, Etc.
780 N. Ponce de Leon Blvd.

City
St. Augustine

State

FL

Zip Code

32084

☒ 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

REGISTERED AGENT MUST SIGN

Date 4-9-07

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
P	Kimberly Manocherian	3 New York Plaza	New York, NY 10004
VP/D	Fraydun Manocherian	3 New York Plaza	New York, NY 10004
S/T/D	Jerome Katz	3 New York Plaza	New York, NY 10004
VP	Safa Mansouri	2804 St. Johns Bluff Road, S. Suite 200	Jacksonville, FL 32246
D	John Manocherian	3 New York Plaza	New York, NY 10004

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07

Date

(904) 642-2603

Daytime Phone #

FILED

2007 APR -9 PM 3:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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04/19/07--01042--011 **183.75
REINSTATEMENT

CR2E081 (1/07)

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