

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000002613

1. Corporation Name

MARGIE L. BROWN FAMILY FOUNDATION INC.

Principal Place of Business

Mailing Address

5219 ESTATES DRIVE
DELRAY BEACH FL 33445

5219 ESTATES DRIVE
DELRAY BEACH FL 33445

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

AKA

AKA

Margie B. Simon
6253-B Graycliff Drive
Boca Raton, FL 33496

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6253-B Graycliff Drive
Boca Raton, FL 33496

4. Date Incorporated or Qualified
To Do Business in Florida

05/21/1999

FEI Number

42-1310957

Applied For

Not Applicable

\$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
PC	SIMON, MARGIE B	5219 ESTATES DRIVE	DELRAY BEACH FL 33445
VPD	BROWN, RONALD J	4110 BASSWOOD ROAD	ST. LOUIS PARK MN 55416
TD	ERENWORTH, JUDY B	403 WINDMERE DRIVE	PITTSBURGH PA 15238

700024033357
10/24/03--01070--018 **245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIMON, MARGIE B
5219 ESTATES DRIVE
DELRAY BEACH FL 33445

Name

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

6253-B GRAYCLIFF DR.

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33496

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. or 617.0505, F.S.

Signature of
Registered Agent

Margie L. Brown

REGISTERED AGENT MUST SIGN

Date Oct 21, 03

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)(l), 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:

Margie Brown Simon AKA Margie L Brown 10/9/03 9999209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)