

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 25 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/08/03--01078--010 **297.50

02-03

DOCUMENT # N00000003922

1. Corporation Name

THE DANIEL AND HELEN SOSSO FAMILY FOUNDATION, INC.

2. Principal Office Address

5541 Gulf of Mexico Dr

Suite, Apt. #, etc.

City & State

Longboat Key, FL

Zip

34228

3. Mailing Office Address

5541 Gulf of Mexico Dr

Suite, Apt. #, etc.

City & State

Longboat Key, FL

Zip

34228

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/2000

5. FEI Number

65-1109250

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

Mazzarantani, George H.

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

240 South Pineapple Avenue

Suite, Apt. #, Etc.

10th Floor

City

Sarasota

State

FL

Zip Code

34236

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

4/23/03

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 Officers and/or Director	City/State/Zip
PTD	Sosso, Daniel R.	609 Lincoln Road	Bradford Woods PA15015
VSD	Sosso, Helen V.	609 Lincoln Road	Bradford Woods PA15015
D	Mazzarantani, George H	240 S. Pineapple Ave	Sarasota FL 34236

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Helen V. Sosso, V.P.

Date

4/23/03

Daytime Phone #