

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

03-OCT 13 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000004606**

1. Corporation Name

**ROBERT R. AND MOLLIE B. NELSON CHARITABLE FOUNDATION, INC.**

Principal Place of Business

1452 HILLVIEW DRIVE  
SARASOTA FL 34239

Mailing Address

1452 HILLVIEW DRIVE  
SARASOTA FL 34239



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/12/2000

5. FEI Number

65-1030134

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 2003

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
DPT	NELSON, ROBERT R	1452 HILLVIEW DRIVE	SARASOTA FL 34239
DVS	NELSON, MOLLIE B	1452 HILLVIEW DRIVE	SARASOTA FL 34239
D	HRIC, MICHAEL	2801 FRUITVILLE RD STE 100	SARASOTA FL 34230

800023747288  
10/13/03--01055--003 \*\*236.25

8. Name and Address of Current Registered Agent

HRIC, MICHAEL ESQ  
2801 FRUITVILLE RD STE 100  
SARASOTA FL 34230

9. Name and Address of New Registered Agent

Name

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. or 617.0505, F.S.

Signature of  
Registered Agent

*(MICHAEL HALL)*  
REGISTERED AGENT MUST SIGN

Date 10-9-03

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)(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.

ROBERT R. NELSON

SIGNATURE:

*(Signature)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-9-03

Daytime Phone #

941-343-0400

CFR2040 (7/03)