

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

CORPORATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 SEP 23 AM 10: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000004719

1. Corporation Name

Linda Mihalcik Educational Foundation, Inc.

700008148667--5

-10/02/02--01015--008

****131.25 ****131.25

2. Principal Office Address
4 Eleventh Avenue

3. Mailing Office Address
4 Eleventh Avenue

Suite, Apt. #, etc.
Suite 1

Suite, Apt. #, etc.
Suite 1

City & State
Shalimar, Florida

City & State
Shalimar, Florida

Zip
32579

Country
United States

Zip
32579

Country
United States

4. Date Incorporated or Qualified
To Do Business in Florida 07/18/2000

5. FEI Number
31-1762816

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

Daniel C. Perri

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

Suite, Apt. #, Etc.
Suite 1

City
Shalimar

State
FL

Zip Code
32579

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

[Signature]

Date 09/20/02

REGISTERED AGENT MUST SIGN

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
D/P	Michael J. Mihalcik	11 Stepehn Drive	Niceville, Florida 32578
D	Daniel C. Perri	4 Eleventh Ave, Suite 1	Shalimar, Florida 32579
D	D. Timothy Herndon	4502 Highway 20 East	Niceville, Florida 32579

01-02 UBR

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]

Daniel C. Perri, Director

09/20/02

(850) 651-3011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (9/01)