

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *N 00000005109*

1. Corporation Name

*FRIENDS FROM ABROAD, INC.*

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

*9641 RAVEN CT*

Suite, Apt. #, etc.

City & State

*ESTERO FL*

Zip

*33928*

Country

*USA*

3. Mailing Office Address

*9641 RAVEN CT*

Suite, Apt. #, etc.

City & State

*ESTERO FL*

Zip

*33928*

Country

*USA*

7. Name and Address of Current Registered Agent

Name

*NOLEN ROLLINS*

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

*9641 RAVEN CT*

Suite, Apt. #, Etc.

City

*ESTERO FL*

State

*FL*

Zip Code

*33928*

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

*Nolen Rollins*

Date

*6/10/10*

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
PRES	<i>NOLEN ROLLINS</i>	<i>9641 RAVEN CT</i>	<i>ESTERO FL 33928</i>
V. PRES	<i>CHARLES MOIR</i>	<i>6740 MOSSY GLEN DR</i>	<i>FT MYERS FL 33908</i>
SECT	<i>LYNN DOTY</i>	<i>10160 BELLAVISTA CIR #1203</i>	<i>FT MYERS FL 33913</i>
DIR	<i>JENNIFER HOGUE</i>	<i>1771 WILSON BLVD. N.</i>	<i>NAPLES FL 34120</i>

10. E-mail Address: *nolen@KINGMO.ORG*

(To be used for future annual report notification)

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. I further certify, 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:

*Nolen Rollins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*6/10/10*

Daytime Phone #

*239-860-0096*

FILED

10 JUN 15 PM 12:40

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

300182093843  
06/15/10--01019--008 \*\*358.75

REINSTATEMENT *08-10*

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

*08/04/2000*

5. FEI Number

*593664640*

☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

11600