

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

05 JUL 12 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 0000000 5379

1. Corporation Name

WITH ARMS WIDE OPEN Foundation, Inc

2. Principal Office Address

2080 NW Boca Raton Blvd

Suite, Apt. #, etc.

6

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Office Address

2080 NW Boca Raton Blvd

Suite, Apt. #, etc.

6

City & State

Boca Raton, FL

Zip

33431

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

8/16/00

5. FEI Number

59-3664721

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

MANUEL GUTIERREZ

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

2080 NW Boca Raton Blvd

Suite, Apt. #, Etc.

6

City

Boca Raton

State

FL

Zip Code

33431

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

M. A. L.

Date 5/27/05

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
PCD	Scott A Stapp	2080 NW Boca Raton Blvd #6 Boca Raton, FL 33431	
PCD	Rick Berlin	2080 NW Boca Raton Blvd #6	Boca Raton, FL 33431
			800055714298 06/03/05--01037--006 **150.00
			800055714298 07/12/05--01007--001 **96.25

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: *M. A. L.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/05

Date

(561) 750-8299

Daytime Phone #

Scott A Stapp 7/6/05

CR2E081 (01/05)