

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR -1 AM 11:42

DOCUMENT # 1106000006141

1. Corporation Name

THE FRUITCAKES
FOUNDATION, INC.

1106000003737

2. Principal Office Address

1017 RIDGE ST

Suite, Apt. #, etc.

3. Mailing Office Address

1017 RIDGE ST

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34103

Country

U.S.

City & State

NAPLES FL

Zip

34103

Country

U.S.

REINSTATEMENT 03-06
CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3668667

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

NIOSE LITCHEFIELD

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

1017 RIDGE ST

Suite, Apt. #, Etc.

000067883010

03/15/06--01009--016 **428 75

City

NAPLES

State

FL

Zip Code

34103

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

Niose Litchfield
REGISTERED AGENT MUST SIGN

Date 2-24-06

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. | MARY ANN HOLTZ, PhD | 602 SPRINGLINE DR. | NAPLES, FL 34103 |
| Sec. | MICHAEL VALPIE | 711 5TH AVE S. #201 | NAPLES, FL 34102 |
| Treas. | MAXINE CARTER | 4323 SANCTUARY WAY | BONITA SPRINGS, FL 34133 |
| Board | | | |
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REINSTATEMENT 03-06

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:

Mary Ann Holtz, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/06
Date

659.0321
Daytime Phone #