

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 13 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 000000006989

1. Corporation Name

The Fregly Foundation, INC,

2. Principal Office Address

6581 NW 20th Place

Suite, Apt. #, etc.

City & State

Gainesville FL

Zip

32605

Country

US

3. Mailing Office Address

P.O. Box 147050

Suite, Apt. #, etc.

City & State

Gainesville FL

Zip

32614-7050

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/01/2000

5. FEI Number

59-3678602

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

Dr. Marilyn S. Fregly

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

6581 NW 20th Pl

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32605

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

Dr. Marilyn S. Fregly
REGISTERED AGENT MUST SIGN

Date 10/08/2003

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	Dr. Marilyn S. Fregly	P.O. 147050 - 7050	Gainesville FL 32614
VP	Frank E. Davis	2627 NW 43rd St	Gainesville FL 32606
Sec/Tre	John C. Bovay	901 NW 57th ST	Gainesville FL 32605
D	Roy Crum	1506 NW 14th Ave	Gainesville FL 32605

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:

Frank E. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/09/03

Daytime Phone #

CR2E081 (10/02)

7/10/73