

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherin Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 MAY 18 AM 9:21

DOCUMENT # N00323

1. Corporation Name

BERT AND MARY MEYER FOUNDATION, INC.

2. Principal Office Address

1237 RAIP/L DAVID ABERNATHY
Suite, Apt. #, etc. Blvd. S.W.

3. Mailing Office Address:

SAME
Suite, Apt. #, etc.

City & State

ATLANTA GA

City & State

Zip

30310

Country

UNITED STATES

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

DECEMBER 13, 1983

5. FEI Number

59-2348082

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

Eileen Shay

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

3302 Leu Rd

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32803

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

Eileen Shay

Date 4/18/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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	BARBARA C. MEYER	75 PONCE DE LEON	ATLANTA GA 30308
D	PATRICIA CROCKETT	22 COLONIAL WAY	HARWICH MA 02646
D	Hubert Sapp	44 TIFFANY ST.	Springfield MA 01108
T	KAREN WATSON	524 NEWBRIDGE RD	SYLVANIA GA 30467

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:

Barbara C. Meyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

Date

(4) 758-1007

Daytime Phone #

CR2E081 (9/00)