

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRET  
DIVISION OF CORPORATIONS

10 FEB -8 AM 9:11

**DOCUMENT # N01000000134**

1. Corporation Name

ELIZA AND HUGH CULVERHOUSE FAMILY FOUNDATION, INC.

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

2601 S. BAYSHORE DR

Suite, Apt. #, etc.

SUITE PH1-C

City & State

MIAMI, FL

Zip

33133

Country

USA

3. Mailing Office Address

2601 S. BAYSHORE DR

Suite, Apt. #, etc.

SUITE PH1-C

City & State

MIAMI, FL

Zip

33133

Country

USA

900168245439  
02/08/10--01064--018 \*\*542.50  
CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida 01/05/2001

5. FEI Number  
59-3692644

Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$9.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN F. COOK, P.A.

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

2055 WOOD ST

Suite, Apt. #, Etc.

SUITE 208

City

SARASOTA

State

FL

Zip Code

34237

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 2-4-10

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
P,D	HUGH F. CULVERHOUSE	2601 S. BAYSHORE DR, STE PH1-C	MIAMI, FL 33133
S,T,D	ELIZA P. CULVERHOUSE	2601 S. BAYSHORE DR, STE PH1-C	MIAMI, FL 33133

REINSTATEMENT

US-10

10. E-mail Address: cook@ij.net

(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 submitted on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Hugh F. Culverhouse*

HUGH F. CULVERHOUSE

Date

2-4-10

305-285-2558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #