

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

03-04

04 MAR 16 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/26/03 01039 006 61.25



400030502714

03/16/04--01018--006 **236.25

DOCUMENT # N01000000551

1. Corporation Name

FRIENDS OF VALPARAISO, INC.

Principal Place of Business

Mailing Address

500 EAST BROWARD BLVD SUITE 1130
FORT LAUDERDALE FL 33394

500 EAST BROWARD BLVD SUITE 1130
FORT LAUDERDALE FL 33394

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/2001

5. FEI Number

65-1071942

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HANNA, R. CHRISTOPHER	1 BISCAYNE TOWER, 2 S BISCAYNE B	MIAMI FL 33131
D/S	TERNI, STEVE	2401 SOUTH GESSNER	HOUSTON TX 77063
D	CAPELLO, JUAN	466 LEXINGTON AVENUE	NEW YORK NY 10017
D/P	MAOARIAGA, HECTOR	101 ASH ST.	San Diego CA 92101
D/P	TEMKIN, TODD	257 Indian Creek	Milwaukee WI 53217

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

B & C CORPORATE SERVICES, INC.
201 SOUTH BISCAYNE BLVD SUITE 3000
MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

B & C Corporate Services, Inc.

Signature of
Registered Agent

By: William C. Philippi, President

REGISTERED AGENT MUST SIGN

Date

January 28, 2004

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 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: X

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/04

X

Date

Daytime Phone #

X011-56-32-593.56

CR2E040 (7/03)