

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION

FLORIDA DEPARTMENT OF STATE



FOR REINSTATEMENT

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 9:05

DOCUMENT # N01000001029

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name

SUDDEN IMPACT FOUNDATION, INC.

Principal Place of Business

Mailing Address

1733 FARMINGTON CIR  
WELLINGTON FL 33414

1733 FARMINGTON CIR  
WELLINGTON FL 33414



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

07-11-02 90240 036 \$61.25

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/13/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Jody Marlow	1733 Farmington Cir	Wellington FL 33414
D	Earleen Marlow	" "	
T	Valen Marlow	" "	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHOFSTALL, WILLIAM G JR  
828 SQUIRE DR  
WELLINGTON FL 33414

Name Jody Marlow  
Street Address (P.O. Box Number is Not Acceptable)  
-1733 Farmington Cir  
Suite, Apt. #, Etc.  
City wellington  
State FL Zip Code 33414

CR2ED40 (8/02)

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.

*[Signature]*

SIGNATURE REQUIRED

Date 11/7/02

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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: SIGNATURE REQUIRED

11/7/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

To whom it may concern,

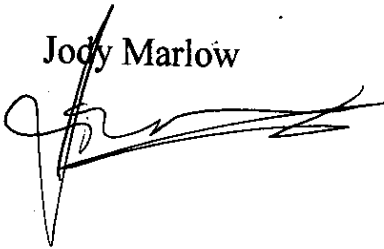
November 7, 2002

I have paid my annual fee of \$61.25. I recently received notification that the corporation had been dissolved. I had not received any further notification reflecting there was a problem. Upon speaking with your reinstatement office, I found that they need me to submit a letter with my concerns along with the form enclosed reflecting 3 officers/trustees. Apparently that is where the problem came in. I had listed my name 3 times. So I am resubmitting this information as I was instructed to do. I hope it is correct this time. Please call with any questions (561) 795-5356

Thank you for your assistance on this matter.

Sincerely,

Jody Marlow

A handwritten signature in black ink, appearing to read 'Jody Marlow', with a long horizontal flourish extending to the right.