

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

NOV -3 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000001953**

1. Corporation Name

**THE ASHLEY MOORE FUND, INC.**

Principal Place of Business

Mailing Address

12635 S.W. 67TH CT.  
PINECREST FL 33156

12635 S.W. 67TH CT.  
PINECREST FL 33156

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

**REINSTATEMENT 2003**

4. Date Incorporated or Qualified  
To Do Business in Florida

03/20/2001

5. FEI Number

65-6354786

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$6.75 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	TATE, DALTON A JR.	P.O. BOX 15949	TALLAHASSEE FL 32317
D	LAUER, DALE R	P.O. BOX 15949	TALLAHASSEE FL 32317
D	BOUNICONTI, MARK	10 EDGEWATER DR., APT. 9-H	CORAL GABLES FL 33133

900824381429  
11/03/03--01068--025 \*\*236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRANCE, BELINDA T  
703 E. TENNESSEE ST.  
TALLAHASSEE FL 32308

Name **RUSSELL C SILVERGLATE ESQ**  
Street Address (P.O. Box Number is Not Acceptable)  
**980 NORTH FEDERAL HIGHWAY**  
Suite, Apt. #, Etc.  
**SUITE 410**  
City **BOCA RATON** State **FL** Zip Code **33432**

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 of  
Registered Agent *[Signature]*

REGISTERED AGENT MUST SIGN

Date **10-30-03**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-30-03 850-386-3100**

Date

Daytime Phone #

CR2040 (7/03)