

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 14 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO 1000003317

1. Corporation Name

R.E.A.C.H. Foundation, Inc.

100012780751
02/19/03--01022--019 **61.25

REINSTATEMENT 02-03

2. Principal Office Address

421 N. Palafox Street

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32501

Country

U.S.A.

3. Mailing Office Address

421 N. Palafox Street

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32501

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Christian Harfouche

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

421 N. Palafox Street

Suite, Apt. #, Etc.

City

Pensacola

State
FL

Zip Code
32501

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

Christian Harfouche
REGISTERED AGENT MUST SIGN

Date February 1, 2003

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	Christian Harfouche	421 N. Palafox Street	Pensacola, FL 32501
S/T	Robin Harfouche	421 N. Palafox Street	Pensacola, FL 32501
D	Rodney Howard-Browne	3738 Autoway Drive	Tampa, FL 33610
D	David Katz	8004 Sunstone Circle	Baltimore, MD 21208

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:

Christian Harfouche
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-01-03

Date

(850) 439-6225

Daytime Phone #

CR2E081 (10/02)

7-2/17