

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR 17 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000004985**

1. Corporation Name

**PJ CALLAHAN FOUNDATION, INC.**

**REINSTATEMENT 02-03**



500014241475

03/17/03--01063--002 \*\*306.25

Principal Place of Business

Mailing Address

**2415 CASAS DE MARBELLA DR.  
PALM BEACH GARDENS FL 33410**

**2415 CASAS DE MARBELLA DR.  
PALM BEACH GARDENS FL 33410**

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

2. New Principal Office Address, If Applicable

**250 S. Australian Ave.**

3. New Mailing Office Address, If Applicable

**250 S. Australian Ave.**

Suite, Apt. #, etc.

**Suite 1405**

Suite, Apt. #, etc.

**Suite 1405**

City & State

**W. Palm Beach, FL**

City & State

**W. Palm Beach, FL**

Zip

**33401**

Country

**USA**

Zip

**33401**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/12/2001**

5. FEI Number

**01-0687604**

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>D</del>	<del>CALLAHAN, PETER J</del>	<del>2415 CASAS DE MARBELLA DR.</del>	<del>PALM BEACH GARDENS FL 33410</del>
D	RASNAKE, CHRISTINE R	342 ALLISON WAY	WYCKOFF NJ 07481
D	CALLAHAN, CAROLYN M	8 PARK DR. SOUTH	RYE NY 10580
D	BURT, PATRICIA L	239 BARTON AVE.	PALM BEACH FL 33480
D	Farley, Linda R.	66 N. Lakeshore Dr.	Hypoluxo FL 33462

8. Name and Address of Current Registered Agent

PRATT, DAVID

~~2401 CORPORATE BLVD., STE. 220~~

~~BOCA RATON FL 33431~~

9. Name and Address of New Registered Agent

Name

**David Pratt**

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

**2255 Blades Rd.**

Suite, Apt. #, Etc.

**Ste. 125 A**

City

**Boca Raton**

State

**FL**

Zip Code

**33431**

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

*David Pratt*

**REGISTERED AGENT MUST SIGN**

Date

**3/10/03**

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:

*Carolyn M. Callahan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-4-03 (914) 967-4024**

CH2ED40 (8/02)