

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N01000007229

1. Corporation Name

Central Florida YMCA Foundation, Inc.

2. Principal Office Address - No P.O. Box #

433 N. MILLS AVENUE

Suite, Apt. #, etc.

City & State

ORLANDO

Zip

32803

Country

USA

3. Mailing Office Address

433 N. MILLS AVENUE

Suite, Apt. #, etc.

City & State

ORLANDO

Zip

32803

Country

USA

**7. Name and Address of Current Registered Agent**

Name

COLLEEN MANAHAN

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

433 N. MILLS AVENUE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32803

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

Date 02/18/2009

REGISTERED AGENT MUST SIGN

**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	JAMES FERBER	433 N. MILLS AVENUE	ORLANDO/FL/32803
TD	BARBARA ROPER	433 N. MILLS AVENUE	ORLANDO/FL/32803
SD	DAN RUFFIER	433 N. MILLS AVENUE	ORLANDO/FL/32803
CD	TOM WARLICK	433 N. MILLS AVENUE	ORLANDO/FL/32803
VP	Colleen Manahan	433 N Mills Avenue	Orlando / FL / 32803
DFO	Star Barrett	433 N Mills Avenue	Orlando / FL / 32803

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/18/2009

Date

407-896-9220

Daytime Phone #

FILED

09 FEB 20 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-09

400144047494  
02/20/09--01003--013 \*\*332.50

04/13/07 90170 021 \$61.25  
CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida 10/10/2001

5. FEI Number  
59-3750283

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

As per telephone with Star Barrett on 2/23  
to be updated