

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV -6 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/06/02--01018--009 **245.00

DOCUMENT # N01000007556

1. Corporation Name

FAMILY HISTORY FOUNDATION, INC.

Principal Place of Business

Mailing Address

1561 NE 118TH TERR 13017 SW 88 Lane P O BOX 600364
MIAMI FL 33161 N MIAMI BEACH FL 33160-0364
33186



REINSTATEMENT 01

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

13017 SW 88th Lane

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State
Miami FL

City & State

65-1152378

Not Applicable

Zip
33186

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/D	Robert A. Stevens	13017 SW 88 Lane	Miami, FL 33186
D	Douglas Mayer	1800 SW 14th Street, Suite 206	Miami, FL 33135
D	Shelly Gelfner	11049 SW 70th Terr	Miami, FL 33173
D	Sidney L. Walesh	325 S. Atlantic Drive	Lantana, FL 33462

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEVENS, ROBERT A

1561 NE 118TH TERR

N MIAMI FL 33161

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Miami

FL

33186

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

Robert A. Stevens

REGISTERED AGENT MUST SIGN

Date

11/1/02

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:

Robert A. Stevens

11/1/02

954-262-8506