

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO1000008920

1. Corporation Name

THE BURGOON FAMILY FOUNDATION

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

11 DOVE PLUM ROAD

3. Mailing Office Address

P.O. Box 400

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

Zip

32963

Country

INDIAN RIVER

Zip

32961

Country

INDIAN RIVER

7. Name and Address of Current Registered Agent

Name

RICHARD R. BURGOON

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

11 DOVE PLUM ROAD

Suite, Apt. #, Etc.

City

VERO BEACH

State

FL

Zip Code

32963

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

Richard R. Burgoon

REGISTERED AGENT MUST SIGN

Date

5/18/10

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
PD	PATRICA B. BURGOON	11 DOVE PLUM ROAD	VERO BEACH, FL 32963
VD	RICHARD R. BURGOON	11 DOVE PLUM ROAD	VERO BEACH, FL 32963
D	PAUL T. VOGEL	17825 79TH STREET	FELLSMERE, FL 32948

10. E-mail Address: P.Vogelcpa@comcast.net

(To be used for future annual report notification)

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. I further certify, 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:

Paul T. Vogel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-18-10

Daytime Phone #

FILED

10 JUN -3 AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800181665308
06/03/10--01018--007 **428.75

REINSTATEMENT 04-10

800181665308
06/03/10--082808+ (400) **175.00

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/01

5. FEI Number

26-0000764

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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.