PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 APR 17 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000009000

1. Corporation Name
Together With Pride Foundation, Inc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1288 Lake Breeze Dr.	P.O. Box 211566
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wellington, FL	City & State: Royal Palm Beach, FL
Zip: 33414 County: US	Zip: 33421 County: US

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: Dec 28, 2001

5. FEI Number: 01-0599914 ☐ 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: John H. Hough
Street Address (P.O. Box Number is Not Acceptable): 11300 US Highway 1
Suite, Apt. #, etc.: Suite 401
City: Palm Beach Gardens, State: FL ZIP Code: 33408

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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: [signature] Date: 4/8/15
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Curtis John Pride	1288 Lake Breeze Dr.	Wellington, FL 33414
D	Lisa Helene Pride	1288 Lake Breeze Dr.	Wellington, FL 33414
D	Joseph A. Strasser	2200 Scottwood Ave 3rd 301	Toledo, OH 43620

REINSTATEMENT
2012 - 2015

10. E-mail Address: Mythunder97@aol.com
(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., and 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. I am aware that the information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] Curtis Pride 4/8/15 (202)503-0345 (text only)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

MW