

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 18 AM 8:00

DOCUMENT # N02000000923

1. Corporation Name

The Terri Schindler Schiavo Foundation, Inc.

**REINSTATEMENT** 03

2. Principal Office Address

4615 Gulf Blvd. Suite 103

3. Mailing Office Address

4615 Gulf Blvd.

Suite, Apt. #, etc.

Suite 103-104

Suite, Apt. #, etc.

Suite 103-104

City & State

St. Petersburg, Florida

City & State

St. Petersburg, Florida

Zip

33706

Country

USA

Zip

33706

Country

USA

500024773595  
11/18/03--01008--014 \*\*236.25

MRS

4. Date Incorporated or Qualified  
To Do Business in Florida

02/08/2002

5. FEI Number

04-3612698

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

Evelyn Husbands

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

1102 S. Pine Lake Dr.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33612-4051

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

*Evelyn Husbands*

Date 11-7-2003

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
D	Schindler, Robert S. Sr.	6075 Shore Blvd. S. Apt. 402	Gulfport, FL. 33707
D	Schindler, Mary L.	6075 Shore Blvd. S. Apt. 402	Gulfport, FL. 33707
D	Schindler, Robert S. Jr.	3101 Sea Way Ct. #105	Tampa, FL. 33629
D	Carr, Suzanne	6368 7th Avenue N.	St. Petersburg, FL. 33710

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 under section 119.07(3)(f), 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 S. Schindler, Sr.*  
Robert S. Schindler, Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/03

Date

(727) 302-9363

Daytime Phone #

CR2E081 (10/02)