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DOCUMENT # 1020000130						7 <i>4</i>					SE CALE ALL AH	MARY DE ASSEE	A		
Da	ily Sp	orin	g O	Foundat	ion	Inc	,						·		
2. Principal Office Address 3. Mailing O 350 NVerrang Blud Suite, Apt. #, etc. Suite, Apt. #,						iss ,W	. 4/3	<u> </u>	Щ_			EME	N I	03-6	<u> 35</u>
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City & State City & State						2- 1	1	برس	5. FE	I Numbe	er _			Applied Fo	or
tort-1	hauderdale FI - Laude					Count		<i>PL</i>		3-0	342	937		Not Applica	
333	19		_	3331	7		-	·	6. CER	RTIFICATE	E OF STATU	JS DESIRED [S8:75 Ac	ditional Fee red ertificate of Sta	uirec tus
	7. Name and Address of Current Registered Agent													2 2 3	
	Name Gladys Brown														
	Street Address (P.O. Box Number is Not Acceptable)														
	9479 N. W. 43 CT Suite, Apt. #, Etc.														
	Suite, Apr. #, t		. .			<u></u>									
	City Lau	nder	dali	Cakes							State FL	Zip Code 33	319	į	
8. I, being	appointed the reg	gistered	agent of the	above named corp	oration, am	familiar v	with and acc	ept the o	bligations	s of section	on 607.05	05 or 617.050	03, F.S.		
Signature of Registered Agent 1914 Aug Brauni REGISTERED AG					ENT MUS	T SIGN				_	Date	3/19	05		_
9. Names	and Street Addre	esses o	f Each Office	and/or Director (FI	orida nonpre	ofit corpc	orations mus	t list at le	east 3 dire	ectors)				***	\neg
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director						Çit	y / State / Z	ip		
Secolory	Clarence wadson				311 N.W. 28th Way				Ff. Landerdale FL 3331)						
VICE president	t Charmaine Hart				590541 Tamarac FL				Tar	narae	FL	33359			
Presiden	t Gladys Brown Director				4479 N.W. 43 CT				Lau	ideralal	1 245	FL33	319		
	- (
					200049556522 03/31/0501004025 **183.75										

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 filling 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: May Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

To Whom It May Concern:

I am writing to request a waver in your reinstatement amount. I did not receive a letter stating that Daily Springs Foundation Inc. would be dissolved in 2003.

Please consider by request.

. Yladys Brown Gladys Brown