PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -3 PM 5:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000003720

1. Corporation Name

THE FRANK S. SCARPA FOUNDATION, INC.

REINSTATEMENT 03-04

2. Principal Office Address		**3.** Mailing Office Address	
199 COMMODORE DRIVE		200 S. BLACKHORSE PIKE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
JUPITER, FLORIDA		RUNNEMEDE, NEW JERSEY	
Zip	Country	Zip	Country
33477	USA	08078	USA

4. Date Incorporated or Qualified To Do Business in Florida 05/15/02

5. FEI Number 04-3665935 ☐ 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
DENNIS L. BLACKBURN

Street Address (P.O. Box Number is Not Acceptable)
5150 BELFORT RD. SOUTH

500035260225
05/03/04--01053--003 **29.50

Suite, Apt. #, Etc.
BUILDING 500

City	State	Zip Code
JACKSONVILLE	FL	32256

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 _____ Date 4/29/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	FRANK S. SCARPA	199 COMMODORE DRIVE	JUPITER, FL 33477
D	JOHN MASSANOVA	200 S. BLACKHORSE PIKE	RUNNEMEDE, NJ 08078
D	DENNIS L. BLACKBURN	5150 BELFORT RD. S. BLDG 500	JACKSONVILLE, FL 32256

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)(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: _____ DENNIS L. BLACKBURN 04/29/04 904-296-7713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #