

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000003720

1. Corporation Name

The Frank S. Scarpa Foundation, Inc

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

199 Commodore Drive

Suite, Apt. #, etc.

City & State

Jupiter Florida

Zip

33477

Country

Palm Beach

3. Mailing Office Address

200 S. Black Horse Pike

Suite, Apt. #, etc.

City & State

Runnemede, NJ

Zip

08078

Country

Camden

7. Name and Address of Current Registered Agent

Name

Dennis Blackburn

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

5150 Belfort Road So. Bldg 500

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

2/14/08

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/P	Frank S. Scarpa	199 Commodore Drive	Jupiter, Florida 33477
D/V/T	John Massanova	200 S. Black Horse Pike	Runnemede, NJ 08078
D/V/S	Dennis Blackburn	5150 Belfort Road So. Bldg 500	Jacksonville, FL 3225

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 contained in Chapter 119, 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:

John Massanova

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-13-08

Date

856-939-4540

Daytime Phone #

FILED

08 FEB 19 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

05-08

S00118327649
02/19/08--01032--019 **253.75

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

05-12-2002

5. FEI Number

04-3665935

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The 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.

xc. 2/20