

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 23 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **ND2000005520**

1. Corporation Name

Family Foundation, Inc.

2. Principal Office Address

687 Mason Ave

Suite, Apt. #, etc.

3. Mailing Office Address

687 Mason Ave

Suite, Apt. #, etc.

City & State

Daytona Beach, Fl.

Zip

32117

Country

Volusia

City & State

Daytona Beach, Fl.

Zip

32117

Country

Volusia

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

7/22/2002

5. FEI Number

11-3645615

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

Charlotte B. Bisbee

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

687 Mason Ave

Suite, Apt. #, Etc.

100058852221

08/23/05--01002--004 *550 75**

City

Daytona Beach, Fl.

State

FL

Zip Code

32117

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

Charlotte B. Bisbee

Date **8/19/05**

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
P	Charlotte B. Bisbee	687 Mason Ave	Daytona Beach, Fl. 32117
VPS	Margaret Wood	687 Mason Ave	Daytona Beach, Fl. 32117
T	Michael E. Braren, II	687 Mason Ave	Daytona Beach, Fl. 32117

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:

Charlotte B. Bisbee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/05

Date

386-355-9494

Daytime Phone #

CR2E081 (01/05)