

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000006248**

1. Corporation Name

**COURTLAND BULLARD FOUNDATION, INC.**

Principal Place of Business

Mailing Address

22200 SW 113 CT  
MIAMI FL 33170

22200 SW 113 CT  
MIAMI FL 33170



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

08/16/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For  
☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BULLARD, COURTLAND	22200 SW 113 CT	MIAMI FL 33170
TD	BULLARD, COURTLAND JR	22200 SW 113 CT	MIAMI FL 33170
VSD	BULLARD, LINDA	22200 SW 113 CT	MIAMI FL 33170

300024335603  
10/31/03--01072--003 \*\*\$1.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BULLARD, COURTLAND  
22200 SW 113 CT  
MIAMI FL 33170

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Courtland Bullard*

Date

October 27, 2003

REGISTERED AGENT MUST SIGN

11. 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:

*Courtland Bullard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/03

Date

305-416-1733

Daytime Phone #

CR2E040 (7/03)

October 28, 2003

Division Of Corporations  
Annual Report/Reinstatement Section  
P O Box 6327  
Tallahassee, Florida 32314-6327

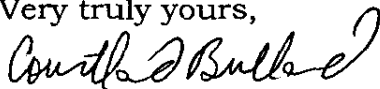
**RE:                      Annual Report/Reinstatement**  
**Corporation Name: COURTLAND BULLARD FOUNDATION, INC.**

Dear Sir or Madam:

Please reinstate this corporation, due to the fact that any officer or director of this corporation never received the prior UBR notices.

If you have any questions please contact Courtland Bullard at 305-416-1733

Very truly yours,

A handwritten signature in cursive script that reads "Courtland Bullard".

Courtland Bullard