

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 28 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



600024197156

10/28/03--01023--006 **150.00

DOCUMENT # N02000009677

1. Corporation Name

MASAREK FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

7510 BRIGANTINE LANE
PARKLAND FL 33067

7510 BRIGANTINE LANE
PARKLAND FL 33067

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/2002

5. FEI Number

Applied For

Not Applicable

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
D	MASAREK, MICHAEL G	7510 BRIGANTINE LANE	PARKLAND FL 33067
D	MASAREK, ELIZABETH H	7510 BRIGANTINE LANE	PARKLAND FL 33067
D	MASAREK, ADAM M	7510 BRIGANTINE LANE	PARKLAND FL 33067

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MANN & WOLF, LLP
33 SE 4TH ST
SUITE 105
BOCA RATON FL 33432

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

SIGNATURE

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

Raymond M. DiRocco, CPA
Licensed in Florida
Allan B. Dombrow, CPA
Licensed in Florida, New Jersey, Texas

Commercial Point Plaza
3601 W. Commercial Blvd.
Suite 39
Ft. Lauderdale, FL 33309
Tel: (954) 731-8181
Fax: (954) 739-1054
e-mail: ddcpa@bellsouth.net

DiRocco & Dombrow, P.A.

Certified Public Accountants and Consultants

October 23, 2003

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Masarek Family Foundation, Inc.
Document# N02000009677
2003 Uniform Business Report

Gentlemen,

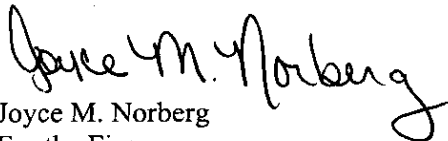
Our client forwarded us the attached for a response.

Please be advised that this is an initial filing for the above referenced corporation. Our client claims that until this notice, he had no knowledge of the filing requirement. He never received the first or second notice and believes it could have been forwarded to his attorney. It was never his intention not to adhere to all rules and regulations.

We are enclosing a check in the amount of \$150.00. Please accept this and reinstate the above. Our client will file all future reports on a timely basis.

Thanking you in advance for your assistance and cooperation in this matter. I am,

Very truly yours,


Joyce M. Norberg
For the Firm

Enclosures

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