

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 24 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



400024083484

10/24/03--01028--008 \*\*61.25

DOCUMENT # N02000009704

1. Corporation Name

ANDREA BURNS FOUNDATION, INC.

Principal Place of Business

2065 SW 37TH ST. RD.  
OCALA FL 34474

Mailing Address

P.O. BOX 4196  
BELLEVUE FL 34421-4196

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.

3624 NE-21st St.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Zip

34470-3155

Country

USA

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	SPICOCHI, CHRISTINE	2065 SW 37TH ST. RD.	OCALA FL 34474
D	JOHNSON, DENISE	2065 SW 37TH ST. RD.	OCALA FL 34474
D	DYOUS, JOHNNIE	2065 SW 37TH ST. RD.	OCALA FL 34474
D	BURNS, ELIZABETH	2065 SW 37TH ST. RD.	OCALA FL 34474

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIMONS, JOHN S.  
121 NW THIRD ST.  
OCALA FL 34475

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]*  
REGISTERED AGENT MUST SIGN

Date 10/23/2003

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:

*Elizabeth Burns*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/03 (352)861-4673

Date

Daytime Phone #

CR2E040 (7/03)

**ANDREA BURNS FOUNDATION, INC.**

**In Loving Memory of Our Beautiful Daughter**

October 15, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Notice of Dissolution

I spoke with you office regarding receiving this notice of dissolution. I explained that I had sent in the required fee and was inquiring as to whether your records showed receiving this fee.

You indicated that the fee was not received and that I was to send in the form with the fee and letter of explanation that the fee was sent but not received in your office.

Please find the proper amount of \$61.25 enclosed with this letter along with the proper form.

Thank you for your consideration in this matter.

Sincerely,



Elizabeth Burns