


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N04000002269

1. Corporation Name

The Joseph Foundation, Inc.

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

3111 Mahan Drive

Suite, Apt. #, etc.

Suite 20

City & State

Tallahassee, FL

Zip

32308

Country

USA

3. Mailing Office Address

3111 Mahan Drive

Suite, Apt. #, etc.

Suite 20

City & State

Tallahassee, FL

Zip

32308

Country

USA

7. Name and Address of Current Registered Agent

Name

Josephine Bronson

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

107 Pine Cone Court

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32119

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

*Bronson*

REGISTERED AGENT MUST SIGN

Date Sept. 10, 2008

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
President	Josephine Bronson	107 Pine Cone Court	Daytona Beach, FL 32119
V.P. / Coordinator of Programs	Geraldine Floyd-Davis	1114 Tanner Drive	Tallahassee, FL 32305
Member Board	Robbin Quarterman	244 N. Frederick Ave	Daytona Beach, FL 32114
Member Board	Dr. Dexter Johnson	18738 Squirrel Run Dr.	Middleburg Heights, OH 44130
Member Board	Dr. Maxine Montgomery	1914 Celtic Road	Tallahassee, FL 32317
Fiscal Consultant	Dr. Harvard Cooper	4631 N.W. 31st Ave PMB #248354	Ft. Lauderdale, FL 33309

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:

*Bronson* - Josephine Bronson

9-10-2008

Date

Daytime Phone #

FILED

08 OCT 21 PM 4:17

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-08

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

Mar. 8, 2004

5. FEI Number

20-0869421

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.  
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10/21