

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 13 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000001845

1. Corporation Name

Richard E. and Lillian M. Becker Family
Foundation, Inc.

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

500 Virginia Avenue

Suite, Apt. #, etc.

Suite 202

City & State

Fort Pierce, FL

Zip

34982

Country

St. Lucie

3. Mailing Office Address

500 Virginia Avenue

Suite, Apt. #, etc.

Suite 202

City & State

Fort Pierce, FL

Zip

34982

Country

St. Lucie

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/16/2006

5. FEI Number

20-4371982

☐ 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

Bruce R. Abernethy, Jr.

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

500 Virginia Avenue

Suite, Apt. #, Etc.

Suite 202

City

Fort Pierce

State

FL

Zip Code

34982

☐ 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.

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

REGISTERED AGENT MUST SIGN

Date **August 7, 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
D	Barbara B. Hurley	501 N. Swim Club Dr., PHA	Indian River Shores, FL 32963
D	Jo Ann M. Becker	155 Sago Palm Road	Vero Beach, FL 32963
D	Bruce R. Abernethy, Jr.	500 Virginia Avenue, Suite 202	Fort Pierce, FL 34982

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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:

Bruce R. Abernethy, Jr.

8-7-2008

772-489-4901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT 07-08

8/13/08