2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT DOCUMENT # N06000012325

9/8/2008-90002-013-\$61.25-\$61.25

"ILED

1. Entity Name RACHEL AND EDWARD BULLARD, JR., FOUNDATION,



08 NOV 14 AM 9: 17

INC.			100			CODETA	KY OF STAT	[E		
14842 ROBINSON ST 148		Mailing Address 14842 ROBINSON ST MIAMI, FL 33176	14842 ROBINSON ST			TALLAHAS	SSEE, HLUR	IUA		
2. Principal Place of Business - No P.O. Box # 3. No P.O		3. Mailing Address			HUIIÛ					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	07072008					
						Chg-NP	CR2E037 (12/			
City & State		City & State			4, FFJ Nambe	63976	ol t	Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$8.75 Fee Re	Additional		
6. Name and Address of Current Register		Registered Agent			7. Name and Address of New Registered Agent					
WILSON, MARVIN D SR			Name							
17033 S D STE C			Street Address		(P.O. Box Number is Not Acceptable)					
	OF PALMETTO BAY, FL 3315	7			•					
			City	•			FL Zp	Code		
The above named entity submits this statement for the purpose of changing its registered office or registered						n, in the State of Fl	lorida. I em femiliar	with, and accept		
the obligat	tions of registered agent.									
SIGNATURE										
SIGNATURE .		Signature, Spowd or printed name of registered apent and title if applicable. (NOTE: Registered Apent signature required when reinstating) DATE								
SIGNATURE .	Signature, typed or printed name of registered agent :	and title if applicable. (NOTE: I	Registered Agent signs	sture required	when reinstating)		DATE			
	Signature, typed or printed name of registered apert of Filling Fee is \$81.25 ue by September 12, 2008	9. Election Camp Trust Fund Co	aign Financing		\$5.00 May Bo Added to Fees		DATE Make check payat Irlda Department i			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Plorida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.