


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

WAR
CORPORATION
REINSTATEMENT

 FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR 30 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1107000004529

1. Corporation Name

Research
FANU HIGH-DEVELOPMENT SCHOOL BASE ORG. / Religion

700180069927
05/03/10--01016--022 **61.25

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # <u>2503 Lindsey CT</u>		3. Mailing Office Address ---	
Suite, Apt. #, etc. ---		Suite, Apt. #, etc. ---	
City & State <u>Tallahassee, FL</u>		City & State ---	
Zip <u>32310</u>	Country <u>Leon</u>	Zip ---	Country ---

4. Date Incorporated or Qualified To Do Business in Florida <u>5-7-2007</u>	
5. FEI Number <u>30-0479258</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>Hattie Ruth Dennis</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>2503 Lindsey CT</u>		
Suite, Apt. #, Etc. ---		
City <u>Tallahassee</u>	State <u>FL</u>	Zip Code <u>32310</u>

☐ 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

Hattie Ruth Dennis

REGISTERED AGENT MUST SIGN

Date April 30, 2010

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
Pres.	<u>Dennis Jefferson</u>	<u>1513 Hernando Dr.</u>	<u>Tallahassee, FL 32303</u>
Vpres.	<u>Hattie Ruth Burnett Dennis</u>	<u>2503 Lindsey CT</u>	<u>Tallahassee, FL 32310</u>
Treas.	<u>Eddie Kilpatrick Jr.</u>	<u>2200 Bourgoigne Dr.</u>	<u>Tallahassee, FL 32308</u>
Sec.	<u>Marion Belkamy Gibbons</u>	<u>606 Brookridge Dr.</u>	<u>Tallahassee, FL 32305</u>
Parliamentarian	<u>James D. Conlin</u>	<u>P.O. Box 7873</u>	<u>Chattahoochee, FL 32324</u>

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

Hattie Ruth Burnett Dennis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #