

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

12 JUN -7 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILING CANCELLED  
RETURNED CHECK

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

30-0517352

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

700236046587

06/07/12--01024--009 \*\*408.75

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # NO 8000010871

1. Corporation Name

~~A~~ Iletta White's Foundation Inc.

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

3535 Roberts Ave

Suite, Apt. #, etc

# 222

City & State

Tallahassee

Zip

32310

Country

U.S.

3. Mailing Office Address

PO BX 3290 (32315)

Suite, Apt. #, etc

City & State

Tall, Fla.

Zip

32315

Country

7. Name and Address of Current Registered Agent

Name

Iletta D. White

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

3535 Roberts Ave Ste # 222

Suite, Apt. #, Etc

City

Tallahassee

State

FL

Zip Code

32310

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

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
Dir	Patsy A. Griffin	1204 Central St	Tall, Fla. 32303
Dir	Theotis M. Johnson	2614 McArthur St.	Tall, Fla. 32310
Dir	Catherine R. Radloff	1508 Lake Mary Cir	Tall, Fla. 32310
Pres	Iletta White	3535 Roberts Ave #222	Tall, Fla. 32310
			JUN 07 2012

10. E-mail Address: mrs white 06@hotmail.com

(To be used for future annual report notification)

T. SCOTT

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Iletta White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/11/12

Daytime Phone #