

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 24 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO80000 11146**

1. Corporation Name

State of Florida Omega Friendship Foundation

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

240 N. Magnolia Drive
Suite, Apt. #, etc.

3. Mailing Office Address

240 N. Magnolia Drive
Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32301

Country

USA

Zip

32301

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-11-08

5. FEI Number

80-0314764

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 **Benjamin Crump**

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

240 N. Magnolia Drive

Suite, Apt. #, Etc.

City **Tallahassee**

State

FL

Zip Code

32301

☒ 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 **12-22-09**

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.	George Grace	240 N. Magnolia Drive	Tallahassee, FL 32301
VP.	Dorsey Miller	240 N. Magnolia Drive	Tallahassee, FL 32301
Treas.	Benjamin Crump	240 N. Magnolia Drive	Tallahassee, FL 32301
KRS	Edgar Mathis	240 N. Magnolia Drive	Tallahassee, FL 32301
	Drake		

400163342344
12/24/09-01003-006 **61.25

10. E-mail Address: **jmmorgan@parkscrump.com**

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-22-09 850-222-3333

Date

Daytime Phone #