

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUN -3 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/14/02--01064--011

****122.50 ****122.50



05-16-01 90276 001 \$150.00

DOCUMENT # N10421

1. Corporation Name

HOWARD W. LONG FOUNDATION, INC.

Principal Place of Business

203 SOUTH LAKE TRAIL
PALM BCH FL 33480
US

Mailing Address

203 SOUTH LAKE TRAIL
PALM BCH FL 33480
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~561 Northlake Way~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~561 Northlake Way~~
Suite, Apt. #, etc.

4. Date incorporated or Qualified
To Do Business in Florida

07/24/1985

5. FEI Number

59-2555597

Applied For

Not Applicable

City & State
Palm Beach, FL

City & State
Palm Beach, FL

Zip 33480 Country USA

Zip 33480 Country USA

6. CERTIFICATE OF STATUS DESIRED: ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PDV	LONG, HOWARD W	203 SOUTH LAKE TRAIL 561 NORTHLAKE WAY	PALM BCH FL 33480
RD	NELSON, ROBERT B.	203 SOUTH LAKE TRAIL	PALM BCH FL 33480
VD	LONG, HOWARD D	203 SOUTH LAKE TRAIL 561 NORTHLAKE WAY	PALM BCH FL 33480
DS	Wendy D. Long	561 NORTHLAKE WAY	PALM Beach, FL 33480
			122.50 - Adm

8. Name and Address of Current Registered Agent

LONG, HOWARD W
~~203 SOUTH LAKE TRAIL~~ PO Box 3127
PALM BCH FL 33480

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)