

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11000001482

1. Corporation Name

Michael-Gene Kids Basketball Foundation Inc.

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

750 W. New Haven Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Melbourne, FL.

Zip

Country

32901

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
02/12/11

5. FEI Number

46-4620049

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

Dawn Futch

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

750 W. New Haven Ave.

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32901

REINSTATEMENT

600278657856
10/30/15--01005--018 **236.25

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
PD	Dawn Futch	750 W. New Haven Ave.	Melbourne, FL. 32901
TD	Stephanie Futch	750 W. New Haven Ave.	Melbourne, FL. 32901
D	Michael Futch	750 W. New Haven Ave.	Melbourne, FL. 32901
V	Tish Grant	750 W. New Haven Ave.	Melbourne, FL. 32901
S	Kristin LaPorte	750 W. New Haven Ave.	Melbourne, FL. 32901
D	Jack Platt Esq.	175 E. Nasa Blvd. Suite 300	Melbourne, FL. 32901

10. E-mail Address: michaelgenefoundation@gmail.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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/15

321-720-3084

Date

Daytime Phone #

NOV 03 2014

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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
D	Michael Arbogast	108 W. New Haven Ave.	Melbourne, FL. 32901

10. E-mail Address: michaelgenefoundation@gmail.com

(To be used for future annual report notification)

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Dawn Futch

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