## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	PRPORATION INSTATEMENT Secretary of State Division of Corporations									2415 OCT	i i i	
DOCUMENT # N11000001482  1. Corporation Name							1			2 E		
Michael-Gene Kids Basketball Foundation Inc.						:		9 <u>5</u>	- - -	n spoker		
Principal Office Address - No P.O. Box # 3. Mailing Office Address							ł					
750 V	V. New	Haven Ave.										
Suite, Apt.			Suite, Apt. #	, etc.				- CR2E081 (11/10)				
								Date Incorporated or Qualified     To Do Business in Florida				
City & State			City & State					02/12/11 5. FEI Number	<del></del>	T	Tapplied	
	ourne,							46-46200			Applied Not App	
<sup>zip</sup> 32901	1	Country Zip		Country			6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee refor a Certificate of States					
	•	7. Name and Address o	f Current Regi	stered Agent				DEIN	ISTATEMEN	T		
Name Dawn	Futch							KETI	12 I A I EINEIA	·		-
		x Number is Not Acceptable	)									
		aven Ave.						pnoprecarede				
Suite, Apt	. <b>4</b> , EIG.							600278657856 10/30/1501005018 **236.25				
Melbourne State Zip Coole State Zip Coole State 32901												
8. I, being	appointed the	e registered agent of the abo	ve named corp	oration, am fa	milia	r with and a	ccept the ol	oligations of secti	on 607.0505 or 617.0503, F.	S.		
Signature o												
Registered	Agent	RI	GISTEREDAG	SENT MUST	SIGN		<del> </del>		Date			—
9. Names	and Street A	ddresses of Each Officer and	Vor Director (FI	orida nonprofi	t cor	porations m	ust list at le	ast 3 directors)				
Titles		Name of Officers and/or Directors				Street Addre Officer and/			City / Sta	ite / Zip		
PD	Dawn Futch			750 W. New Have			Have	n Ave. Melbourne, FL. 32			329	01
TD	Stephanie Futch			750 W. New Have			Have	en Ave. Melbourne, FL. 32			329	01
D	Michael Futch			750 V	۷.	New	Have	n Ave.	Melbourne,	FL.	329	01
V	Tish Grant			750 V	۷.	New	Have	n Ave.	Melbourne,	FL.	329	01
S	Kristin LaPorte			750 V	٧.	New	Have	n Ave.	Melbourne,	FL.	329	01
D Jack Platt Esq.				175 E.	N	lasa B	lvd. S	uite 300	Melbourne,	FL.	3290	01
<sup>10.</sup> E-ma	il Addres	s michaelgenefoundation	@gmail.com	/=- 1		d for the second						
11   Certify t	that I am an of	ficer or director or the receiv	er or trustee en	·			nnual report : cation as pr	•	ter 607 or 617, F.S. I further certif	y that when	filing this	
reinstate owed by	ment applicat the corporation	ion, the reason for dissolution on have been paid. I further;	n has been elim ertify, the inform	inated, the co nation indicate	rpora	ate name sa this applica	tisfies the re Ition is true (	quirements of se- and accurate, and	ction 607.0401 or 617.0401, I my signature shall have the egree felony as provided for	F.S., and ti same legs	hat all fee al effect a:	
SIGNAT		Sau	YPED OR PRINT	10	12					321-720-30		<del></del>

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION ISTATEMENT		•	DEPAR Secretar	y of S		:					
DOCUMENT # N11000001482  1. Corporation Name												
Mich	ael-Gene	Kids Ba	sketbal	l Fou	nda	ation Inc	.					
Principal Office Address - No P.O. Box # 3. Mailing Office Address												
/50 V	V. New Hav	en Ave.	Suite, Apt. #	A10			CR2E081 (11/10)					
Suite, Apt.	₩, <del>G</del> IU.		Suite, Apt. w.				4. Date Incorporated or Qualified					
City & State	8		City & State			02/12/11	1	ness in Florida				
Melb	ourne, Fl.						l -	-4620049			Applied For	
ZIP	Zip Country		Zip		Country		T_6	6. CERTIFICATE OF STATUS DESIRED \$8.75			ional Fee required	
3290 <sup>-</sup>			 	4 4						for a Cer	tificate of Status	
Name	r. Man	ne and Address o	Current Kegn	stereo Agen	II.							
Dawn												
	ress (P.O. Box Number 7. New Haven :		)									
Suite, Apt	. F, Etc.											
City					State	Zip Code	_					
Melbourne FL 32901												
8. I, being	appointed the registere	ed agent of the abo	ve named corp	oration, am t	familiar	with and accept th	e obligations	of sectio	n 607.0505 or 617.0503	, F.S.		
Signature of Registered								_	Date			
			EGISTERED AC									
9. Name:	s and Street Addresses		l/or Director (Fl	orida nonpro				tors)				
Titles	Name of Officers and/or Directors				treet Address of Ea officer and/or Direc		Clty / State / Zip					
D	Michael Arbogast		108 W. New Hav			ven A	en Ave. Melbourne,		e, FL.	32901		
							<u> </u>					
<sup>10.</sup> E-ma	il Address <u>:</u> micha	elgenefoundation(	@gmail.com							· · · · · · · · · · · · · · · · · · ·		
				(To I	oe used	for future annual rep	ort notification	1)				

11. I cartify 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.617.155, F.S.

SI	G١	JΑ	TU	RF	
•	~ .	•			••

SKINATURE AND TYPED OR PRINTED NAME OF SIGNING OPPICER OR DIRECTOR

10/22/15 Date 321-720-3084 Daytine Phone #