

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 SEP 23 AM 8:47

DOCUMENT # N11000009925

1. Corporation Name

THE WAYNE HARROD FOUNDATION, INC.

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

149 HAMLIN T LANE

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL

Zip

32714

Country

USA

3. Mailing Office Address

149 HAMLIN T LANE

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL

Zip

32714

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

09/28/2012

5. FEI Number

45-3727037

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

HARROD, WAYNE

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

149 HAMLIN T LANE

Suite, Apt. #, Etc.

City

ALTAMONTE SPRINGS

State

FL

Zip Code

32714

300251357393
09/20/13--01035--010 **175.00

300251357393
09/04/13--01018--012 **122.50

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

Wayne Harrod

REGISTERED AGENT MUST SIGN

Date 8/19/13

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
DPST	HARROD, WAYNE	149 HAMLIN T LANE	ALTAMONTE SPRINGS, FL 32714
D	HARROD, LINDA D.	149 HAMLIN T LANE	ALTAMONTE SPRINGS, FL 32714
D	RAGANS, ROBERT	6333 CHERRY STREET	ORLANDO, FL 32801
	REINSTATEMENT		SEP 23 2013
		R. HUNT	

10. E-mail Address: rwharrod@earthlink.net

(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:

Wayne Harrod

Wayne Harrod, President

8/19/13

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #