

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV -5 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16901

1. Corporation Name

CAS MEMORIAL FOUNDATION, INC.

2. Principal Office Address

10192 Whippoor Will Lane

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32256

Country

Duval

3. Mailing Office Address

P.O. Box 551260

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32255-1260

Country

Duval

400008801674

11/05/02--01033--014 **542.50

REINSTATEMENT 02

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/19/1986

5. FEI Number

59-2716915

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

Michael N. Schneider

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

5150 Belfort Road

Suite, Apt. #, Etc.

Building 100

City

Jacksonville

State

FL

Zip Code

32256

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

Michael N. Schneider

REGISTERED AGENT MUST SIGN

Date 10/31/02

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	Betty B. Lenahan	10192 Whippoor Will Lane	Jacksonville, FL 32256
VSTD	Betty Ann Holt	4918 Greenland Road	Jacksonville, FL 32258
VD	Arthur Lenahan, Jr.	434 High Point Circle	Grand Junction, CO 81503

10. 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:

Betty Ann Holt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Betty Ann Holt, Vice President

10-31-02

Date

904-296-0100

Daytime Phone #

CR2E081 (9/01)