

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 28 PM 2:32

DOCUMENT # **N19918**

1. Corporation Name

NATIONAL FAMILY FOUNDATION, INC.

300005254273--2
-04/11/02--01058--006



REINSTATEMENT 01-02

Principal Place of Business

Mailing Address

702 BOB WHITE LANE
NAPLES FL 34108-3430
US

702 BOB WHITE LANE
NAPLES FL 34108-3430
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2811937

Not Applicable

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SANDERS, BURT THE HONOR	3301 TAMiami TRAIL E 3RD FLOOR	NAPLES FL
D	MURPHY, MAUREEN	3980 GORDON DR	NAPLES FL
DPT	HATTEMER, BARBARA	702 BOB WHITE LANE	NAPLES FL
D	VAN BUSKIRK, SALLY	581 WHISPERING PINE CT	NAPLES FL 34103
DT	SCOTT, DONALD J	636 PORTSIDDE DR	NAPLES FL
DS	MALONEY, THOMAS E.	4501 TAMiami TRAIL N	NAPLES FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~MALONEY, THOMAS E.~~
~~4501 TAMiami TRAIL N~~
~~NAPLES FL 33940~~

Name Barbara M. Hattemer
Street Address (P.O. Box Number is Not Acceptable)
702 Bob White Lane
Suite, Apt. #, Etc.
City Naples State FL Zip Code 34108

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

Barbara M. Hattemer

Date March 26, 2002

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: Barbara M. Hattemer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 26, 2002 941-594-7754
Date Daytime Phone #

CR2040 (8/01)