

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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DOCUMENT # **N21165**

1. Corporation Name
RALPH E. AND JANE G. HURST FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
1127 EDGEWATER DRIVE FAMILY OFFICE SERVICES CORP ORLANDO FL 32804 US	P O BOX 540777 1691 WEST MORSE BLVD., STE. 315 ORLANDO FL 32854-777 US



REINSTATEMENT **00**

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	
		P.O. Box 540777		06/17/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
				59-2846612	
City & State		City & State		Applied For	
		Orlando, FL		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
		32854-777	US		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	HURST, RALPH E., JR.	863 PARK AVENUE NORTH	WINTER PARK FL
DV	HURST, JANE G.	863 PARK AVENUE NORTH	WINTER PARK FL
ST	BROWN, DONALD E.	1127 EDGEWATER DRIVE	ORLANDO FL 32804
			300003454703--1 -11/07/00--01039--009 ****236.25 ****236.25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HURST, RALPH E., JR. 863 PARK AVENUE NORTH WINTER PARK FL 32789		Name	
		DONALD E. BROWN	
		Street Address (P.O. Box Number is Not Acceptable)	
		1127 EDGEWATER DRIVE	
		Suite, Apt. #, Etc.	
		City	State Zip Code
		ORLANDO	FL 32804

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 _____ **SIGNATURE REQUIRED** _____ Date **10/17/00**

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.

AD

SIGNATURE: _____ **SIGNATURE REQUIRED** _____ Date **10/17/00** Daytime Phone # **407 420 9005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR