APPLICATION FOR REINSTATEMENT

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

FILED
00 DEC 18 AM 10:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

DOCUMENT # N22066

1. Corporation Name

FOUNDATION FOR SELF HELP, INC.

Principal Place of Business	Mailing Address
C/O W.J. PFAFFENBERGER 631 U.S. HIGHWAY #1. SUITE 410 NORTH PALM BEACH FL 33408	C/O W.J. PFAFFENBERGER 631 U.S. HIGHWAY #1. SUITE 410 NORTH PALM BEACH FL 33408

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

01-26-00 90141 020 $61.25

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
W. J. Pfaffenberger	Foundation For Self Help, Inc.
Suite, Apt. #, etc. 11780 US Hwy One Suite 300	Suite, Apt. #, etc. P O Box 14397
City & State North Palm Beach, FLA	City & State North Palm Beach, FL
Zip / Country 33408 / USA	Zip / Country 33408-4397 / Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida: 08/17/1987

5. FEI Number: 59-2859251 — ☐ Applied For ☐ Not Applicable

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	LOWERY, A.T.	11169 MONET LANE	LAKE PARK FL
D	GASTER, GORDON D.	11300 US HIGHWAY #1	N. PALM BEACH FL
D	LEE, THOMAS E., JR.	1001 N. US HWY 1,STE.500	JUPITER FL
D	PFAFFENBERGER, W. J.	~~801~~ 11780 US HWY 1, SUITE ~~410~~ 300	N. PALM BEACH FL 33408
D	James Crews	1080 Sleepy Oaks Circle E	Palm Beach Gardens FL 33410

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PFAFFENBERGER, W.J. 631 U.S. HIGHWAY #1 SUITE 410 NORTH PALM BEACH FL 33408	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State / Zip Code: FL

100000352415 1 -01/05/01--01004--003
****175.00 ****175.00

CR2E040 (8/00)

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 — REGISTERED AGENT MUST SIGN — Date: 12/14/00

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.

KE

SIGNATURE: SIGNATURE REQUIRED A.T. Lowery — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 10-31-00 Date — 561-622-8625 Daytime Phone #

0113856 SP