PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 89 REINSTATEMENT N.P.

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 OCT 29 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT #

1. Corporation Name N 23439

WILSON BODE FOUNDATION, INC

Principal Place of Business
5821 Hollywood Blvd
Hollywood, FL 33021

Mailing Address
same

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip
Country USA

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip
Country

REINSTATEMENT 89-96

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida 11/12/87

5. FEI Number N23439 Applied For ✓ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	ROBERT H KELLER, MD	501 Ranch Road	Ft Lauderdale, FL 33326
D	CATHERINE W PATRICK, PhD	501 Ranch Road	Ft Lauderdale, FL 33326
D	LESLIE C PATRICK	501 Ranch Road	Ft Lauderdale, FL 33326
D	ARTHUR GOTTMANN, MD	3131 E Alameda #1301	Denver, CO 80209
D	DAVID W KIRCHENBAUM	3272 Huntington	Weston, FL 33332
			JB 10-31-96

8. Name and Address of Current Registered Agent
Leslie C Patrick
501 Ranch Road
Ft Lauderdale, FL 33326

9. Name and Address of New Registered Agent
Name DOROTHY P COMBEST
Street Address (P.O. Box Number is Not Acceptable) 18520 SW 55th Street
Suite, Apt. #, Etc.
City Ft Lauderdale, State FL Zip Code 33332

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 D P Combest
REGISTERED AGENT MUST SIGN
Date 9/15/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: Leslie C Patrick LESLIE C PATRICK 9/15/96 954-963-0111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRCE040 (12/95)