

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

FILED
95 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

Mailing Address

5821 Hollywood Blvd
Hollywood, FL 33021

same

REINSTATEMENT 89-96

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 Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/12/87

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

N23439

Applied For
 Not Applicable

City & State

City & State

Zip

Country

USA

Zip

Country

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
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

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, FL
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 #

CR-2000 (1/2/95)