

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 17 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 31343

1. Corporation Name

S.E.D. Children's Fund, Inc.

2. Principal Office Address

238 N.E. 1<sup>st</sup> Avenue

Suite, Apt. #, etc.

City & State

Delray Beach, Florida

Zip

33444

Country

3. Mailing Office Address

238 N.E. 1<sup>st</sup> Avenue

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33444

Country

REINSTATEMENT 02-04

4. Date Incorporated or Qualified  
To Do Business in Florida

3/23/1989

5. FEI Number

65-0165586

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carolyn Jenkins-Jaeger

Street Address (P.O. Box Number is Not Acceptable)

215 Phipps Plaza

Suite, Apt. #, Etc.

City

Palm Beach

State

FL

Zip Code

33480

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Carolyn Jenkins-Jaeger

REGISTERED AGENT MUST SIGN

Date

11/15/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Richard E. Dea	238 N.E. 1 <sup>st</sup> Avenue	Delray Beach, FL 33444
S/T/D	Carolyn Jenkins-Jaeger	215 Phipps Plaza	Palm Beach, FL 33480
D	Geraldine Dietz-Fox	215 Phipps Plaza	Palm Beach, FL 33480

10. 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:

Carolyn Jenkins-Jaeger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/04

Date

(305) 756-7116

(561) 832-5834

Daytime Phone #

CR2ED01 (01/04)