PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED SELECTARY OF STATE TVISION OF CORPORATIO OO NOV -2 PM 4:42
DOCUMENT # N34938 1. Corporation Name		5. 111 #. #. #.
OTIS F. SMITH FOUNDATION, INC.		
2. Principal Office Address 2 SAN JOSE PLACE	3. Mailing Office Address 1 SAN JOSE PLACE	8000034729386 -11/21/0001079015 *****61.25 *****61.25
Suite, Apt. #, etc. Suite 35	Suite, Apt. #, etc. SUITE 35	4. Date Incorporated or Qualified To Do Business in Florida /0/26/1989
JACKSONVILLE, FL	JACKSONVILLE FC	5. FEI Number Applied For Not Applicable
79 32257 Country U.S.	32257 Country $V.5$.	CERTIFICATE OF STATUS DESIRED Tor a Certificate of Status
7. Name and Address of Current Registered Agent		
Name ANDREW T. JACOBS		
Stroot Address (P.O. Boy Number is Not Acceptable)		
1 SAN JOSE PLACE		
Suite, Apt. #, Etc. 5-0777-35		
City JACKSONVILLE State Zip Code 32257		
8. I, being appointed the registered agent of the above named compration, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date		
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 Eac Officer and/or Directo	or Only State 22
MO ANDREW I. JACO	65 - ISAN JOSE PL	
O OTIS F. SMITI	H 150~ JOSE #	PLOW, STOR JACKSONI/10, FL32257
D Emily Smith		CIRCLE JACKSO-VILLE, FL 32257
O Will STOUT	8/20 NATIONS 576, 202	
D Mike SHREVE		ers way Ponte Veora, FL 32088
O JOHN FORRESTA	FR. 7800 BOLFART PAR	Kuny, STE 100 JACKSONVILLE, FC 32256
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 filling 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/s true and accurate and my signature shall have the same legal effect as if made under oath.		
SIGNATURE: SIGNATURE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ANDREW T. JACOBS 10/25/05 904 880 - 6847		





OTIS F. SMITH FOUNDATION

Today's Youth Aiming For The Future

1 San Jose Place • Suite 35 Jacksonville, FL 32257 Phone: (904) 880-OTIS (6847) Fax: (904) 731-2040

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P.O. Box 6327

Tallahassee, FL 32314-6327

To Whom It May Concern:

I am requesting that the reinstatement fee of \$175.00 be waived. The initial forms were never received in our office; therefore, we were unable to file the

annual report during the January to May timeframe

Please find enclosed a check in the amount of \$61.25 for the annual report fee

I you have any questions on this matter, please feel free to call me.

Thank you for your assistance.

Sincerely yours

Bill Russo

Executive Director

Enclosure