

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

97 NOV 12 PM 3: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N34945**

1. Corporation Name **THE MARY JOANNE RAND, MORRIS M. RAND
AND MICHAEL ANTHONY RAND MEMORIAL CHARITABLE
FOUNDATION, INC.**

Principal Place of Business Mailing Address
**534 BONTONA AVENUE
FT. LAUDERDALE, FL 33301**

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

2. New Principal Office Address, If Applicable
534 BONTONA AVE.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
534 BONTONA AVE.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida
10/30/1989

City & State
FT. LAUDERDALE, FL
Zip **33301** Country **USA**

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FT. LAUDERDALE, FL
Zip **33301** Country **USA**

5. FEI Number
65-0183241
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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	RAND, MORRIS M.	534 BONTONA AVE.	FT. LAUDERDALE, FL 33301
D	DUFFY, FATHER GEORGE	PIUS X CHURCH, RTE A1A	FT LAUDERDALE, FL 33301
D	Cook, Kathy	8 Davis Road	Southboro, MA. 01772

8. Name and Address of Current Registered Agent

**MORRIS M. RAND
534 BONTONA AVE
FT LAUDERDALE, FL 33301**

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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]*
REGISTERED AGENT MUST SIGN

Date

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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #