

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N35532**

1. Corporation Name

Charles A. Frueauff Foundation, Inc.

Principal Place of Business

Mailing Address

**3 Financial Centre
900 S. Shackelford Rd., Suite 300
Little Rock, AR 71122**

REINSTATEMENT **97** of 11/3

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

2. New Principal Office Address, If Applicable
900 S. Shackelford Road

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.

City & State
Little Rock, AR

City & State

Zip
7112

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida
12-6-89

5. FEI Number
13-56053712

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
	SEE ATTACHED LIST		
			000002337280--8 -11/04/97--01027--008 ****253.75 ****253.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Dr. A. C. McCully

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

730 Live Oak Plantation Road

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

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

A.C. McCully
REGISTERED AGENT MUST SIGN

Date **10/27/97**

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:

A.C. McCully
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/97

Date

(850)385-3633
Daytime Phone #

CR2E040 (12/96)

Attachment to Application for Reinstatement

Charles A. Frueauff Foundation, Inc.

FILED
97 OCT 31 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State/Zip
P/D ✓	David A. Frueauff	8192 Londonberry Road	Nashville, TN 37221
C/D ✓	Dr. A.C. McCully	730 Live Oak Plantation Road	Tallahassee, FL 32312
V/D ✓	Charles T. Klein	56344 Vulture Mine Road	Wickenburg, AZ 85358
V/D ✓	James P. Fallon	39 Lawrence Farms Crossway	Chappaqua, NY 10514
S/D ✓	Sue M. Frueauff	3101 Misty Lane	Little Rock, AR 72227
D ✓	Capt. Karl P. Fanning	790 Bogue St.	Fairplay, CO 80440
D	Anna Kay Grace	13216 Fairway Village Court	Little Rock, AR 72212