

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -2 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1012

DOCUMENT # N35910

1. Corporation Name

SOUTH FLORIDA NATIONAL GUARD FAMILY SUPPORT FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O JOSE O. MORIN  
700 NW 28TH STREET (NG ARMORY)  
MIAMI FL 33127-096  
US

C/O JOSE O. MORIN  
700 NW 28TH STREET (NG ARMORY)  
MIAMI FL 33127-096  
US



*[Handwritten Signature]*

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

2. New Principal Office Address, If Applicable

C/O LANCE M. FAUER  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

C/O LANCE M. FAUER  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

12/26/1989

5. FEI Number

65-0161527

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

City & State

2119 WILLEY ST.  
HOLLYWOOD, FL

Zip

Country

33020

US

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MD	ASHER, MELISSA	700 NW 28TH STREET	MIAMI FL 33127
VT	FAUER, LANCE M	700 NW 28 ST	MIAMI FL 33127
VD	WELLS, ARTHUR C	700 NW 28 STREET	MIAMI FL 33127
MD	MCCLENDON, KELLY	700 NW 28TH STREET	MIAMI FL 33127
MD	ZAYAZ, CARLOS	700 NW 28 STREET	MIAMI FL 33127
MD	MORIN, JOSE O	700 NW 28TH STREET	MIAMI FL 33127

8. Name and Address of Current Registered Agent

LAGAS, JACQUES E  
700 NW 28TH STREET  
NG ARMORY  
MIAMI FL 33127-4096

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

600009294916  
12/02/02-01035-003 \*\$51.25

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. or 617.0505, F.S.

Signature of Registered Agent

*[Handwritten Signature]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10 Nov 02

11. 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:

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

Date

Daytime Phone #

24 NOV 02 305 871-1223

CR2E040 (8-02)

South Florida National Guard  
Family Support Foundation, Inc.  
700 NW 28th Street  
Miami, Florida 33127

2012

26 NOV.02

RE: Reinstatement of Corporation to an active status

To whom it may concern,

I would like to request that our corporation be reinstated to an ACTIVE status. Enclosed is the application for reinstatement and the \$ 61.25 ( money order ) application fee.

I would also like to request that the reinstatement fee of \$ 175.00 be waived. The board members of the corporation never received the renewal notices.

We have a theory as to why the notices were never received. We hope we have solved that problem by changing the mailing address on the application for reinstatement.

If you have any question please contact the undersigned at: 305-871-1223 ( office )  
305-869-2711 ( office )  
954-346-4517 ( cell )  
LMFAUER@AOL.COM ( e-mail )

Thank you,



LANCE M. FAUER  
Vice President / Treasurer