

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC 20 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N37756

1. Corporation Name

D.K. ROBERTS, II MEMORIAL FUND, INC.

Principal Place of Business

Mailing Address

670 STEPHEN H. KURVIN  
73 LIME AVENUE  
SARASOTA FL 34237670 STEPHEN H. KURVIN  
73 LIME AVENUE  
SARASOTA FL 34237

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/23/1990

5. FEI Number

65-0215846

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED I

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

1 Title(s)	2 Name of Officers and/or Directors	3 (Do NOT Use Post Office Box Numbers)	4 City/State/Zip
D	ROBERTS, DON K.	1145 38TH ST	SARASOTA FL 34237
D	ZORAVKOVICH, DIMITRIJE (D)	ONE RAM WAY 3955 BERLIN DR.	SARASOTA FL 34237 34233
S	ANAST, LYNN	4154 ARROW LANE	SARASOTA FL 34242
D	BARRINEAU, WM (D)	6907 STETSON ST CIRCLE	SARASOTA FL 34242
T	KENNEDY, REBECCA FRANK DRAKE (D)	6620 COLONIAL DR. 1479 TANGIER WAY	SARASOTA FL 34237 SARASOTA FL 34239
S	MERCURIO, GARY HELENE DRAKE (D)	2136 TALL OAK CT 1479 TANGIER WAY	SARASOTA FL 34237 SARASOTA FL 34239

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KURVIN, STEPHEN H.  
73 LIME AVENUE  
SARASOTA FL 34237

Name  
DIMITRIJE ZORAVKOVICH  
Street Address (P.O. Box Number is Not Acceptable)  
3955 BERLIN DRIVE  
Suite, Apt. #, Etc.  
800003090918--0  
City  
SARASOTA  
State  
FL  
Zip Code  
34233

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #