

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -6 AM 10: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41174

1. Corporation Name **FANCHON E. KOMITO MEMORIAL FOUNDATION, INC.**

2. Principal Office Address **9911 West Broadview Dr**
3. Mailing Office Address **P. O. Box 54-6530**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bay Harbor Islands, FL

City & State

Surfside

Zip **33154**

Country **USA**

Zip

33154

Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida **12/11/1990**

5. FEI Number **65-0231288**

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Theodore R. Nelson, Esq.

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

9911 West Broadview Drive

Suite, Apt. #, Etc.

City

Bay Harbor Islands

State
FL

Zip Code
33154

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Theodore R. Nelson

Date **11-03-03**

REGISTERED AGENT MUST SIGN **Theodore R. Nelson, Esq.**

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 Each Officer and/or Director	City / State / Zip
P/D	Theodore R. Nelson	9911 West Broadview Dr.	Bay Harbor Islands, FL 33154
S/D	Sarah A. Nelson	9911 West Broadview Dr.	Bay Harbor Islands, FL 33154
VP/D	Carole Friedin	9231 N. W. 61 Street	Tamarac, FL 33321

800024498508

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 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:

Theodore R. Nelson

11-03-03

305 868-0394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Theodore R. Nelson, Esq. President**



CORPORATION SERVICE COMPANY™

2096

ACCOUNT NO. : 072100000032

REFERENCE : 311629 7384142

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ ~~600.00~~ 297.50 | *RB*

ORDER DATE : November 6, 2003

ORDER TIME : 3:12 PM

ORDER NO. : 311629-005

CUSTOMER NO: 7384142

CUSTOMER: Mr. Theodore R. Nelson, Esq.
Mr. Theodore R. Nelson, Esq.
Po Box 54-6530

Surfside, FL 33154

DOMESTIC FILINGS

NAME: FANCHON E. KOMITO MEMORIAL
FOUNDATION, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan EXT. 1155

EXAMINER'S INITIALS _____

RECEIVED
03 NOV -6 PM 4:34
DIVISION OF CORPORATION