

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAY -6 AM 10: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 043472

1. Corporation Name

George C. Forsythe Family Foundation, Inc.

2. Principal Office Address - No P.O. Box #

22 South Treasure Drive

3. Mailing Office Address

PO Box 1076

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Lakeland, FL

Zip
33609

Country
Hillsborough

Zip
33802

Country
Polk

600128567166
05/06/08--01009--002 ***367.50
REINSTATEMENT 03-08

**4. Date Incorporated or Qualified
To Do Business in Florida**

12-10-91

5. FEI Number

59-3087638

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

Janice Tedder Jones

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

811 E Main Street

Suite, Apt. #, Etc.

City
Lakeland

State
FL

Zip Code
33801

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Janice Tedder Jones
REGISTERED AGENT MUST SIGN

Date 5/1/08

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	George R. Forsythe	22 S. Treasure Drive	Tampa, FL 33609
ST	Janice Tedder Jones	811 E. Main Street	Lakeland, FL 33801
VP	William Gregory	460 Nighthawk Dr.	Lakeland, FL 33813

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 contained in Chapter 119, 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:

Janice Tedder Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/08
Date

863-683-6783
Daytime Phone #

6 MAY 6 2008