

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 28 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N45007

1. Corporation Name

The American Transplant Foundation, Inc.

2. Principal Office Address

11725 Collier Blvd.

Suite, Apt. #, etc.

F

City & State

Naples, FL

Zip

34116

Country

U.S.

3. Mailing Office Address

C/o Golden Gate Legal Center

Suite, Apt. #, etc. *11725 Collier Blvd.*

Suite F

City & State

Naples, FL

Zip

34116

Country

USA

REINSTATEMENT

98201

4. Date Incorporated or Qualified
To Do Business in Florida

Sept. 5, 1991

5. FEI Number

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

Louis S. Erickson

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

11725 Collier Blvd.

Suite, Apt. #, Etc.

F

City

Naples

State
FL

Zip Code

34116

800003810428-9

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******420.00 ****420.00**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *1-16-01*

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
D	<i>Louis S. Erickson</i>	<i>11725 Collier Blvd. Ste F</i>	<i>Naples, FL 34116</i>
D	<i>Kaydee Tuff</i>	<i>11725 Collier Blvd. Ste. C</i>	<i>Naples, FL 34116</i>
D	<i>Debbie Schmaeling</i>	<i>4736 Golden Gate Pkwy.</i>	<i>Naples, FL 34116</i>
			<i>LS</i>

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:

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

1-16-01

Date

971-353-1800

Daytime Phone #