

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N47040**

1. Corporation Name

FRIENDS OF 440 SCHOLARSHIP FUND, INC.

Principal Place of Business

Mailing Address

80 SOUTHWEST EIGHTH STREET
SUITE 1910
MIAMI FL 33130

80 SOUTHWEST EIGHTH STREET
SUITE 1910
MIAMI FL 33130

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 & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/27/1992

5. FEI Number

63-0319696

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SADOW, RICHARD A. ESQ	80 SW 8TH ST, #1910	MIAMI FL
SD	THOMAS W CONROY	80 SW 8TH ST #1910	MIAMI FL 33130
VPD	JUDGE ALAN M KUKER	80 SW 8TH ST #1910	MIAMI FL 33130
VPD	CESAR A ARMSTRONG	80 SW 8TH ST #1910	MIAMI FL 33130
S	RICE-CHAROUHIS, JULIEAN	80 SW 8TH ST., #1910	MIAMI FL 33130

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SADOW, RICHARD A.
80 SOUTHWEST EIGHTH STREET
SUITE 1910
MIAMI FL 33130

Name

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

000023820910

Suite, Apt. #, Etc.

10/15/03--01060--009 **238.25

City

State
FL

Zip Code

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

SIGNATURE OF RICHARD A. SADOW

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/2003

205-539-8000
Daytime Phone #

CR2E040 (7/03)