

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 APR 15 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #N49632

1. Corporation Name

The Plea Foundation, Inc.

Principal Place of Business

Jacksonville, FL

Mailing Address

4924 Spring Glen Rd.
Jacksonville, FL
32207

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

June 30, 1992

5. FEI Number

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Secretary	Kenneth Gemeinhart, D	5411 Sheri Lane	Jacksonville, FL 32207
Treasurer	James Smith, D	5620 Tellson Place	Orlando, FL 32806
Vice Chairman	Fred W. Smith, D	4924 Spring Glen Rd	Jacksonville, FL 32207
President	Fred Smith III, D	5495 Pawnee Drive	Beverly Hills, FL 34446
			300002492903-3
			04/20/98-01005-003
			****367.50 ****207.50

REINSTATEMENT

96-98
4-16-98

8. Name and Address of Current Registered Agent

Fred W. Smith
4924 Spring Glen Rd.
Jacksonville, FL 32207

9. Name and Address of New Registered Agent

Name Fred W. Smith
Street Address (P.O. Box Number is Not Acceptable)
4924 Spring Glen Rd.
Suite, Apt. #, Etc.
City Jacksonville
State FL Zip Code 32207

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

Fred W. Smith
REGISTERED AGENT MUST SIGN

Date 12/26/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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

Fred W. Smith

12/26/97 904 7374374
Date Daytime Phone #