

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 14 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50467

1. Corporation Name

Florida Association of School Administrators ~~Foundation~~
FOUNDATION, INC

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

326 Williams St

Suite, Apt. #, etc.

City & State

Tallahassee

Zip

32303

Country

US

3. Mailing Office Address

326 Williams St

Suite, Apt. #, etc.

City & State

Tallahassee

Zip

32303

Country

US

000137941850
11/14/08--01051--022 **796.25
REINSTATEMENT
CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida 1977

5. FEI Number
59-1558806

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

Jim Warford

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

326 Williams St

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

☐ 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

Jim Warford

REGISTERED AGENT MUST SIGN

Date 11/07/08

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	Fran Giblin	11821 Glades Rd	Boca Raton, FL 33498
D	Christi Moss	University Center C-4627	Tallahassee, FL 32306
D	Ruth Hall	PO Box 16302	Tampa, FL 33687
D	Joel Herbst	1619 NE 4th Ave	Ft Lauderdale, FL 33305
M	Patricia Arnold	326 Williams St	Tallahassee, FL 32303

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:

Patricia Arnold

Patricia Arnold, COO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/08

Date

850-224-3626

Daytime Phone #