

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Amendment
FILED

DOCUMENT # N93000002355

1. Corporation Name

BULLMOOSE HONOR SOCIETY CHARITABLE FOUNDATION, INC.

02 DEC 26 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

570 CARILLON PKWY
SAINT PETERSBURG FL 33716
US

Mailing Address

PO BOX 5068
CLEARWATER FL 33758



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

4. Date incorporated or Qualified
To Do Business in Florida

05/21/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3210604

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	FERRARA, V R	611 DRUID RD, SUITE 105	CLEARWATER FL 34616
D	WISER, RONALD B	1532 LONG RD	KALAMAZOO MI 49008
D	ORR, STANLEY R	570 CARILLON PKWY	SAINT PETERSBURG FL 33716
D	Kenneth W. Marlow		
D	GADDERN, EDWIN OR	2331 RADSTOCK RD	MIDLOTHIAN VA 20110
D	BENJAMIN Rucker	1400 mercantile LN	LARGO MD 20774
D	LISA Boyer	102 E. MAIN ST.	ARCOLA, IL 61910

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

ORR, STANLEY R V. R. Ferrara
570 CARILLON PKWY 611 DRUID RD.
SAINT PETERSBURG FL 33716

STE 105
CLEARWATER, FL 34616

200009473072
12/11/02 01062-013 *\$61.25

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/1/02

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

12/1/02

727-441-9022

Date

Daytime Phone #

CR2E040 (8/02)