

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

1997 AUG 13 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005362

1. Corporation Name

Team Searcy Foundation Incorporated

Principal Place of Business

7085 Willowood Street
Orlando, FL 32818

Mailing Address

7085 Willowood Street
Orlando, FL 32818

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
3841 Biggin Church Rd. W.

3. New Mailing Address, If Applicable
3841 Biggin Church Rd. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip
32224

Country

USA

Zip
32224

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida
8/31/92

5. FEI Number

59-3142128

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/S	Searcy, Leon, Sr.	3841 Biggin Church Rd. W.	Jacksonville, FL 32224
D/P	Searcy, Leon, Jr.	3841 Biggin Church Rd. W.	Jacksonville, FL 32224
D	Searcy, Erea L.	7085 Willowood Street	Orlando, FL 32818

REINSTATEMENT

400002266794-9

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****367.50 ****367.50

8. Name and Address of Current Registered Agent

Jacinta M. Mathis
215 N. Eola Drive
Orlando, FL 32802-2809

9. Name and Address of New Registered Agent

Name

John E. Lawlor, III

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

1 Independent Drive

Suite, Apt. #, Etc.

Suite 2600

City

Jacksonville

State

FL

Zip Code

32202

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

John E. Lawlor, III

REGISTERED AGENT MUST SIGN

Date

8/11/97

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

CR2040 (12/95)