

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC -1 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005497

1. Corporation Name

THE UNCOMMON FRIENDS FOUNDATION, INC.

Principal Place of Business

2115 SECOND STREET  
FT MYERS FL 33901  
US

Mailing Address

PO BOX 811  
FT MYERS FL 33902  
US

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 12/07/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 05-0490124	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 A fee of \$8.75 is 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	4. City / State / Zip
DP	ALBION, JOHN	9758 COUNTRY OAKS	FORT MYERS FL 33912
DV	MYERS, FRAN	1113 ESTERO BLVD	FT MYERS FL
S	VAN COONEY, JODY	8450 BEACON BLVD.	FORT MYERS FL 33907
D	HOOLIHAN, KERREY	6068 EAGLE WATCH CT	N FORT MYERS FL
DT	SCULLION, DAVID	8191 COLLEGE PKWY	FT MYERS FL
D	ROBINSON, DAVID DR.	5668 JEREZ COURT	FORT MYERS FL 33917

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCCORMICK, DAVID  
12833 YACHT CLUB CIRCLE  
FORT MYERS FL 33919

Name

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

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.

Signature of Registered Agent

David M. McCormick  
REGISTERED AGENT MUST SIGN

Date Nov 17, 1999

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:

John E. Albion  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/22/99 (941)325-2223