

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11

**CORPORATION
REINSTATEMENT**



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

FILED

00 JAN 31 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000039

1. Corporation Name

THE JAMES C. "LOU" RAWLS FOUNDATION, INC.

2. Principal Office Address

1405 S. Federal Highway

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Zip

33483

Country

US

Zip

Country

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

01/05/1994

5. FEI Number

65-6127924

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

SP

7. Name and Address of Current Registered Agent

Name

Dodie Moseley

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

1405 S. Federal Highway

Suite, Apt. #, Etc.

Suite 101

City

Delray Beach

State
FL

Zip Code
33483

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

Dodie Moseley

Date

1/26/00

REGISTERED AGENT MUST SIGN

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

see attached sheet

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****542.50 ****542.50

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 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:

Dodie Moseley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/26/00

Daytime Phone #

CR2E081 (9/99)