

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 AUG -8 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



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

DOCUMENT # *N94 00000 1936*

1. Corporation Name

ELEVEN FORTY-NINE FOUNDATION INC

000007072570--0
-08/13/02--01034--008
****367.50 ****367.50

2. Principal Office Address

5780 BAYSHORE DR

Suite, Apt. #, etc.

C

City & State

N. FT. MYERS

Zip

33917

Country

LEE

3. Mailing Office Address

5780 BAYSHORE DR

Suite, Apt. #, etc.

C

City & State

N. FT. MYERS

Zip

33917

Country

LEE

REINSTATEMENT *00-02*

4. Date Incorporated or Qualified
To Do Business in Florida

4/19/1994

5. FEI Number

65-0488153

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

MICHAEL R. MCGINN

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

13180 N. CLEVELAND AVE

Suite, Apt. #, Etc.

123

City

N. FT. MYERS

State
FL

Zip Code
33903

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

[Signature]

Date *8/1/02*

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
D	GARY E TURK	1714 NE 6TH ST	CAPE CORAL FL 33909
D	ROBERT E HAWKEN	5913 UNTERMYER CT	N. FT. MYERS FL 33903
DP	TOM PUTNAM	10480 STRINGFELLOW RD	ST. JAMES CITY, FL 33956
VP	BILLY G. MATTHEWS	2601 HARMONY AVE	N. FT. MYERS FL 33917
S	LOUELLA COOK	10480 STRINGFELLOW RD	ST. JAMES CITY, FL 33956
TR	WALTER B. STANGLE	17020 CAROLYN LANE	N. FT. MYERS, FL 33917

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:

Robert E. Hawken

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/2002

Date

239 656-5249

Daytime Phone #

CR2E061 (9/01)

js 8/1/02

Michael R. McGinn
Attorney at Law
13180 North Cleveland Avenue, Suite 123
Post Office Box 898
Fort Myers, FL 33902-0898
(239) 332-3800
eFax (661) 825-8063

August 5, 2002

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Non-profit Corporation Reinstatement
Eleven Forty-nine Foundation, Inc.

Dear Sir/Madam:

Good morning. Enclosed is the executed form as downloaded from the Internet for corporate reinstatement. I am attempting to execute the reinstatement of a non-profit corporation and I am not certain that this is the proper form, but it is the only one I have been able to obtain.

Please review this document and if there are any errors or omissions, please return same to the above address and not to the Foundation.

Included is check No. 516 in the amount of \$367.50 for the reinstatement fee and a Certificate of Status. Again, if the amount is incorrect, please advise.

Very truly yours,



Michael R. McGinn

MRM/glm

Enclosures: reinstatement form; check