

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 DEC -1 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002635

1. Corporation Name

CORY FOUNDATION, INC.

2. Principal Office Address

3715 FELDA ST.

Suite, Apt. #, etc.

3. Mailing Office Address

3715 FELDA ST.

Suite, Apt. #, etc.

City & State

COCOA, FLORIDA

City & State

COCOA, FLORIDA

Zip

32926

Country

USA

Zip

32926

Country

USA

REINSTATEMENT 09-03

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

5/23/1994

5. FEI Number

593249083

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

TIMOTHY J. MALLOW

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

3715 FELDA STREET

Suite, Apt. #, Etc.

City

COCOA, FLORIDA

State

FL

Zip Code

32926

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**

TIMOTHY J. MALLOW

Date

11/14/2003

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
DPC	MALLOW, TIMOTHY J	3715 FELDA STREET COCOA, FL	COCOA/FL/32926
DVS	MALLOW, BETH A	3715 FELDA STREET	COCOA/FL/32926
D	MALLOW, JANET	1103 E. CAMELLA DR.	BRANDON/FL/33511

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:

TIMOTHY JOHN MALLOW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/2003

Date

321/258/8306

Daytime Phone #

CR2E081 (10/02)