

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003236

1. Corporation Name

RIISING STARS EDUCATION & SPORTS
FOUNDATION, INC.

2. Principal Office Address

3062 PRESTIGE DR

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33759

Country

US

3. Mailing Office Address

3062 PRESTIGE DR.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33759

Country

US

REINSTATEMENT 0203

4. Date Incorporated or Qualified
To Do Business in Florida

6/24/94

5. FEI Number

59-3254371

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

PAMELA WALDRON

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

3062 PRESTIGE DR.

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33759

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

Pamela Waldron

REGISTERED AGENT MUST SIGN

Date

4-28-03

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
CD	PETER E. WALDRON	3062 PRESTIGE DR.	CLEARWATER, FL 33759
VPD	RICHARD A. TURNER	1917 E. AIRE LIBRE AVE.	PHOENIX, AZ
STD	PHILIP WING	10032 HORSESHOE CLOSE	BELVIDERE, IL
D	ROY JONES	1770 E. MARKET ST #102	YORK, PA

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:

Pamela Waldron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

428-03

Daytime Phone #

727-669-1408

CR2E081 (10/02)