

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N94000004624**

1. Corporation Name

**THE SIONA-SECOYA FOUNDATION, INC.**

Principal Place of Business

7735 S.W. 100TH AVENUE  
MIAMI FL 33173

Mailing Address

7735 S.W. 100TH AVENUE  
MIAMI FL 33173

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/20/1994

5. FEI Number

65-0524333

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	VICKERS, WILLIAM T	7735 S.W. 100TH AVENUE	MIAMI FL 33173
SD	VICKERS, EDITE V	7735 S.W. 100TH AVENUE	MIAMI FL 33173
VD	VICKERS, RAYMOND B	811 LAKE RIDGE DRIVE	TALLAHASSEE FL 32312
D	VICKERS, SARAH P	109 MAGNOLIA STREET	NEPTUNE BEACH FL 32266
TD	DUGGAR, THOMAS E	1391 TIMBERLANE ROAD	TALLAHASSEE FL 32312
D	KEUCHEL, EDWARD F	812 PIEDMONT DRIVE	TALLAHASSEE FL 32312

8. Name and Address of Current Registered Agent

VICKERS, WILLIAM T  
7735 S.W. 100TH AVENUE  
MIAMI FL 33173

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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. or 617.0505, F.S.

Signature of  
Registered Agent

*William T. Vickers*

REGISTERED AGENT MUST SIGN

Date October 31, 2003

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:

*William T. Vickers*  
**William T. Vickers**

October 31, 2003

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-274-7508

CR20040 (7/03)