

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N95000000185

1. Corporation Name

FRIENDS OF BOYS' TOWNS - SOUTH AFRICA, INC.

Principal Place of Business

4915 AUBURN AVE  
8120 WOODMONT AVENUE  
STE 250 304  
BETHESDA MD 20814  
US

Mailing Address

P.O. BOX 34095  
BETHESDA MD 20827  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/12/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0537620

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
COBD	ARAUJO, JOE	P.O. BOX 31118 (N/A)	BRAAMFONTEIN 2017, S. AFRICA
S	BERTEAU, JOHN T	1550 RINGLING BLVD.	SARASOTA FL 34236
D	EASUM, DON	801 W END AVE. STE 3A	NEW YORK NY 10025
D	MATHESON, CLIFF	<del>8120 WOODMONT AVENUE, STE 250</del> 4915 AUBURN AVE STE 304	BETHESDA MD 20814
			600003496786--3 -12/12/00--01040--003 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BERTEAU, JOHN T.  
1550 RINGLING BLVD. 200 S. ORANGE  
SARASOTA FL 34236

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.

Signature of  
Registered Agent

*John T. Berneau* SIGNATURE REQUIRED

Date 10-30-00

REGISTERED AGENT MUST SIGN

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:

*Cliff Matheson* CLIFF MATHESON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-00

Date

Daytime Phone #