APPROVED
AND
FILED

97 JAN 21 AM 11:22

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 96-97 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

POOR ORIGINAL

DOCUMENT # N95000003159

1. Corporation Name
THE ROA FOUNDATION, INC.
P.O. BOX 15002
WEST PALM BEACH, FL 2 33416

Principal Place of Business
1023 NORTH FLORIDA MANGO ROAD
WEST PALM BEACH, FL 33409

Mailing Address
P.O.BOX 15002
WEST PALM BEACH, FL 33416

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 29 JUNE 1995

5. FEI Number: 65-0605479 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BONNIE E.ROA	214 A FOXTAIL DR.	WEST PALM BEACH, FL 33415
D	LYNETTE ROA	SAME	SAME
D	JOSHUA ROA	SAME	SAME

REINSTATEMENT 96-97

A. Allen 1/21/97

8. Name and Address of Current Registered Agent
HECTOR E. ROA
214 A FOXTAIL DR.
WEST PALM BEACH, FL 33415

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code FL

700002067407--5
-01/24/97--01028--016
****297.50 ****297.50

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: Hector E. Roa
REGISTERED AGENT MUST SIGN
Date: 16 Jan 97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I realize the Division of Corporations from any liability of non-confidentiality with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the registrar or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing the reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. 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: Hector E. Roa 16 Jan 1997 1900 hrs (561-688-5118)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #