PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN -2 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600037569746
06/02/04--01013--004 **358.75

REINSTATEMENT D2-04

DOCUMENT # N95000004311

1. Corporation Name
Tony Fossas Charities, Inc.

3000 N University Dr
3000 N University Dr

2. Principal Office Address		**3.** Mailing Office Address	
3000 N University Dr		3000 N University Dr	
Suite, Apt. #, etc. Ste 2-F		Suite, Apt. #, etc. 2-F	
City & State Coral Springs, FL		City & State Coral Springs, FL	
Zip 33065	Country USA	Zip 33065	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 9/11/1995

5. FEI Number 65-0623247 — 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
Joseph P. Williams, Jr

Street Address (P.O. Box Number is Not Acceptable)
3000 N University Drive

Suite, Apt. #, Etc.
Ste 2-F

City	State	Zip Code
Coral Springs	FL	33065

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 _____ Date 5/20/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
Pres	Joseph P Williams, Jr.	3000 N University Dr Ste 2-F	Coral Springs, FL 33065
VP	Tony Fossas	11302 NW 9th Street	Plantation, FL 33311
Dir	Rachael Carpenter	4307 Tranquility Drive	Highland Beach, FL 33487
Dir	Robin Gargano	2400 E Commercial Blvd Ste 624	Ft. Lauderdale, FL 33308
Dir	Leah Van Welie	7843 N.W. 70th Avenue	Parkland, FL 33067

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: _____ 5/20/04 954-227-3571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone