

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N95000005364

1. Corporation Name

THE FOUNDATION PARK INCUBATOR ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~839 SABLE CIR SE~~
~~MELBOURNE FL 32901~~
~~US~~

~~P.O. BOX 100280~~
~~PALM BAY FL 32910~~

FILED

99 APR 29 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

2. New Principal Office Address, If Applicable

216 W. College Ave
Suite, Apt. #, etc.
201

3. New Mailing Office Address, If Applicable

P.O. Box 1050
TALLAHASSEE

City & State
TALLAHASSEE

City & State
FLORIDA

Zip
32301

Country
USA

Zip
32302

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/1995

5. FEI Number

31-1471942

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
VPD	THOMPSON, JODIE H	839 SABLE CIR SE	PALM BAY FL
PD	ADAMS, TOM B	11550 CTY RD 507	FELLSMERE FL
STD	BRANDON, HARRY E	1900 SO HARBOR CITY BLVD	MELBOURNE FL
VPD	A. Eugene Lewis	216 W. College Ave.	TALLAHASSEE FL
STD	MARLOW V. White	216 W. College Ave	TALLAHASSEE FL

8. Name and Address of Current Registered Agent

~~BENTON, RICHARD E ESQ.~~
~~1415 E PIEDMONT ST~~
~~STE 4~~
~~TALLAHASSEE FL 32302~~

REINSTATEMENT

Name

Lewis & White, L.C.

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

216 W. College Ave.

Suite, Apt. #, Etc.

201

City

TALLAHASSEE

State Zip Code

FL 32301

9. Name and Address of Agent for Service of Process

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

A. Eugene Lewis

REGISTERED AGENT MUST SIGN

Date

4/29/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

A. Eugene Lewis Vice Chair/President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/99

850/
425-5000

Daytime Phone #

CR2E040 (9/98)