

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 NOV 23 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-12/03/98--01064--019
****358.75 ****358.75

REINSTATEMENT 96-98

DOCUMENT # N95000006055 (6)

1. Corporation Name

JEROME B. AND DOROTHY B. THOMPSON CHARITABLE
FOUNDATION, INC.

Principal Place of Business

Mailing Address

821 Lake Port Blvd.
G-106
Leesburg, FL 34748

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

12/19/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3350772

Not Applicable

Zip

Country

Zip

Country

34748

Lake

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P	Dorothy B. Thompson	821 Lake Port Blvd., G-106	Leesburg, FL 34748
D/S	J. Stephen Pullum	1330 West Citizens Blvd. Suite 701	Leesburg, FL 34748
D/T	Jon Manning	918 West Dixie Avenue	Leesburg, FL 34748

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

J. Stephen Pullum
1330 W. Citizens Blvd., Suite 701
Leesburg, FL 34748

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

REGISTERED AGENT MUST SIGN

Date

(See other side for information
on intangible tax.)

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

Yes ☐

No ☒

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)(f), 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E040 (1/98)