

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 # N96000000591

1. Corporation Name

FLORIDA REEF FOUNDATION INC.

Principal Place of Business

Mailing Address

405 SEA SPRAY AVENUE
PALM BEACH FL 33480

405 SEA SPRAY AVENUE
PALM BEACH FL 33480

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

98 DEC -7 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 98

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/1996

5. FEI Number

65-0638476

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)

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	GRANT, CAROLE L	3214 32ND COURT	JUPITER FL 33477
D	TIPLEY, MARICA	1473 SE RIVERGREEN CIRCLE	PT. ST. LUCIE FL 34952
D	SCHWINGHAMMER, SEAN	16332 SHADOW COURT	MIAMI LAKES FL 33014
D	ELIAS, WILLIAM	405 SEA SPRAY AVENUE	PALM BEACH FL 33480
			700002709767--7 -12/11/98-01022-010 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~CORPORATION CREATIONS ENTERPRISES, INC.~~
~~4521 PGA BLVD.~~
~~SUITE 211~~
~~PALM BEACH GARDENS FL 33418~~

Name

W. D. ELIAS

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

405 Seaspray Ave

Suite, Apt. #, Etc.

City

Palm Beach

State

FL

Zip Code

33480

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date Nov 12/98

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 12/98

Date

Daytime Phone #

CR2E040 (9/98)