

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N96000000644

1. Corporation Name

MORNING STAR FOUNDATION, INC2. Principal Office Address - No P.O. Box #
600 N WILLOW STREET, Suite 300

Suite, Apt. #, etc.

City & State
TAMPA, FLZip Country
33606 USA3. Mailing Office Address
600 N WILLOW STREET, STE 300

Suite, Apt. #, etc.

City & State
TAMPA, FLZip Country
33606 USA**7. Name and Address of Current Registered Agent**

Name

MARK N LENKER, JR

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

600 N WILLOW ST

Suite, Apt. #, Etc.

SUITE 300City State Zip Code
TAMPA FL 33606

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

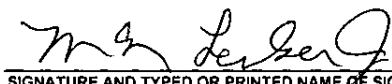
REGISTERED AGENT MUST SIGN

Date 8/19/08**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
P/D	JOSE VIVERO	716 W FLETCHER	TAMPA, FL 33612
VP/D	THEODORE J COUCH	1717 E FOWLER AVE	TAMPA, FL 33612
T/D	MARK N LENKER, JR	600 N WILLOW ST, STE 300	TAMPA, FL 33606

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 contained in Chapter 119, 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:



MARK N LENKER, JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 8/19/08

813-254-8080

Daytime Phone #

2008 OCT 24 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA100134796041
08/21/08--01023--012 **612.50**REINSTATEMENT**

CR2E081 (1/07)

02-08

4. Date Incorporated or Qualified
To Do Business in Florida

2/6/1996

5. FEI Number

59-3363772

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

Trevin 8-19-08