

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 27 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

DOCUMENT # N96000000866 (1)

1. Corporation Name

THE JOSHUA FRASE FOUNDATION FOR CONGENITAL
MYOPATHY RESEARCH, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

c/o F & L CORP.

3. New Mailing Office Address, If Applicable

c/o F & L CORP.

Suite, Apt. #, etc.

200 LAURA STREET

Suite, Apt. #, etc.

200 LAURA STREET

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FLORIDA

Zip

32202

Country

USA

Zip

32202

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida
02/19/1996

5. FEI Number

59-7059890

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
1	2	3	4
	See attached Schedule I		4000003103044--4 -01/19/00--01079--008 ****200.25 ****200.25

8. Name and Address of Current Registered Agent

F & L CORP.
200 LAURA STREET
JACKSONVILLE, FLORIDA 32202

9. Name and Address of New Registered Agent

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

Charles V. Hark

Date

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Alison Rockett Frase
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Alison Rockett Frase

11-26-99
Date

904-242-9191
Daytime Phone #

CR2040 (12/96)

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Schedule I

TO

FLORIDA DEPARTMENT OF STATE

NONPROFIT CORPORATION ANNUAL REPORT 1999

FOR

THE JOSHUA FRASE FOUNDATION FOR CONGENITAL MYOPATHY RESEARCH, INC.

DOCUMENT NO. N96000000866 (1)

NAMES AND STREET ADDRESSES OF EACH OFFICER AND/OR DIRECTOR

TITLE(S)	NAME OF OFFICERS AND/OR DIRECTORS	STREET ADDRESS OF EACH OFFICER AND/OR DIRECTOR	CITY/STATE/ZIP
D; P	Paul Frase	1550 Beach Avenue	Atlantic Beach, FL 32233
D; V	Alison R. Frase	1550 Beach Avenue	Atlantic Beach, FL 32233
D; V	Patrick Kelly	245 Park Avenue, 2 nd Floor	New York, NY 10167
D; T	William Cassidy	935 Moonlight Cove	Coppell, TX 75019
D; S	Jeff Dixon	3010 LBJ Freeway, Ste. 120	Dallas, TX 75234
D	Gaspar Anastasi	245 Park Avenue, 2 nd Floor	New York, NY 10167
D	Elsie Rockett	3010 LBJ Freeway, Ste. 120	Dallas, TX 75234