

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 96000002283

1. Corporation Name

THE FAASS FOUNDATION INC.

2. Principal Office Address - No P.O. Box #

442 W. KENNEDY BLVD

Suite, Apt. #, etc.

340

City & State

TAMPA FL

Zip

33606

Country

USA

3. Mailing Office Address

25400 HARMONY RD.

Suite, Apt. #, etc.

City & State

SHERIDAN, OR

Zip

97378

Country

USA

FILED

10 FEB 11 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700168547407
02/11/10--01032--003 **183.75

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/1996

5. FEI Number

65-0666083

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RUTH A. FAASS

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

442 W. KENNEDY BLVD.

Suite, Apt. #, Etc.

340

City

TAMPA

State

FL

Zip Code

33606

☒ 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.

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

Ruth A. Faass

REGISTERED AGENT MUST SIGN

Date 2/3/10

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
DIR/ TEE	RUTH FAASS + MICHAEL FAASS	23400 HARMONY RD.	SHERIDAN, OR 97378
DIR/ TEE	JAMES MCFADDEN	8060 COLLEGE PKWY	FT MYERS, FL 33907
DIR/ TEE	RICHARD SUDDABY	2066 ANNETTE CT	BURLINGTON, CA
DIR/ TEE	FRANK J REIFF III	442 W KENNEDY BLVD #340	TAMPA, FL 33606

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

Ruth A. Faass RUTH A. FAASS

2/3/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #