PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

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FILED
99 FEB -8 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N96000002995

1. Corporation Name

CITY OF REFUGE FOUNDATION INC.

Principal Place of Business	Mailing Address
126 E COLONIAL DRIVE ORLANDO FL 32801	126 E COLONIAL DRIVE ORLANDO FL 32801

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

2. New Principal Office Address, If Applicable
P.O. Box 3377
Suite, Apt #, etc
Homosassa, Spgs
City & State
FL
Zip 34447 Country USA

3. New Mailing Office Address, If Applicable
P.O. Box 3377
Suite, Apt #, etc
Homosassa Spgs
City & State
FL
Zip 34447 Country

4. Date Incorporated or Qualified To Do Business in Florida
06/03/1996

5. FEI Number
59-3478416 ~~APPLIED FOR~~
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) 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
PD	WACHTSTETTER, MARK	~~621 S BROAD ST~~ / 931 N. WHEELER AVE.	GRIFFITH IN
VD	PAUL W. TODD ~~SHINDOLL, HAROLD~~	~~4601 JUDY CT~~ / 8161 W. BARRY CT HOMOSASSA, FL.	~~ORLANDO FL~~ HOMOSASSA, FL 34446
VD/STD	WACHTSTETTER, CAROLYN	~~621 S BROAD ST~~ / 931 N. WHEELER AVE.	GRIFFITH IN
~~STD~~	~~SHINDOLL, FLORALEE~~	~~4601 JUDY CT~~	~~ORLANDO FL~~

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8. Name and Address of Current Registered Agent

SHINDOLL, HAROLD L
126 E COLONIAL DRIVE
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name: PAUL W. TODD
Street Address (P.O. Box Number is Not Acceptable): 8161 W. BARRY CT
Suite, Apt #, Etc: HOMOSASSA
City: HOMOSASSA
State: FL Zip Code: 34446

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] Date: 12/9/98
REGISTERED AGENT MUST SIGN

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-98 (DR) 972-7862
Date Daytime Phone #

CR2E040 (4/98)

City of Refuge
Children's Home & Foundation
P.O. Box 553
Griffith, Indiana 46319
(219) 972-7812

To Whom it may concern

The purpose for my writing is to request a waiver of the Reinstatement fee if possible The reason this dissolution almost took place is due to the death of our resident agent Harold Shindoll Dr Shindoll die of a heart attack and we were unaware these papers had not been filed until we received your notice.

We certainly acknowledge our Annual Report Fees that are due as well as any other fees that are needed. We appreciate your consideration In any way we do not want this corporation to be dissolved

Thank You
R Mark Wachtel