

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

AND
FILED

1997 NOV -6 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000003958

1. Corporation Name

FLORIDA ADVOCACY FOUNDATION, INC.

Principal Place of Business

Mailing Address

7334 POINT OF ROCKS ROAD
SARASOTA FL 34242

7334 POINT OF ROCKS ROAD
SARASOTA FL 34242

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/26/1996

5. FEI Number

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
Chairman	FRANK D. BURGMANN	7334 POINT OF ROCKS RD	SARASOTA, FL 34242
Secy Treas.	JULIA MATTHEWS-BURGMANN	7334 POINT OF ROCKS RD	SARASOTA, FL 34242
Dir	MATTHEW R. BURGMANN	7334 POINT OF ROCKS RD #A	SARASOTA, FL 34242
Dir	ALLYN C. BURGMANN	9765 SOUTH BROOK DR #2107	JACKSONVILLE, FL 32256

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MATTHEWS-BURGMANN, JULIA
7334 POINT OF ROCKS ROAD
SARASOTA FL 34242

Name

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

700002341847-1

Suite, Apt. #, Etc.

-11/07/97-01094-003
****245.00 ****245.00

City

State

Zip Code

FL

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

Julia Matthews-Burgmann
REGISTERED AGENT MUST SIGN

Date

November 5, 1997

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:

Julia Matthews-Burgmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/05/97
Date

941-346-2659
Daytime Phone #

012E040 (8/97)