

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004421

1. Corporation Name

THE STUDLEY FAMILY FOUNDATION, INC.

FILED

03 NOV 26 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4702 FOUNTAINS DRIVE SOUTH #108
LAKE WORTH FL 33467

4702 FOUNTAINS DRIVE SOUTH #108
LAKE WORTH FL 33467



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

19624 PLANTERS WINTER
Suite, Apt. #, etc.

19624
Suite, Apt. #, etc.

City & State

City & State

BOCA RATON, FL

Zip 33434 Country CAN

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/1996

5. FEI Number

31-1479843

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 3	City / State / Zip 4
PD	STUDLEY, LOUISE C	4702 FOUNTAINS DR SO #108	LAKE WORTH FL 33467
SD	STUDLEY, GARSON II	4702 FOUNTAINS DR SO #108	LAKE WORTH FL 33467
TD	STUDLEY, DONALD M	4702 FOUNTAINS DR SO #108	LAKE WORTH FL 33467

800025074188
11/26/03-01059-003 **61.25

REINSTATEMENT 03 11/25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TRAGER, ROSS
1000 N HIATUS ROAD
PEMBROKE PINES FL 33434

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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 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:

GARSON STUDLEY II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (7/03)

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ROSS TRAGER, P.A.
Certified Public Accountant

ROSS TRAGER, CPA*

MEMBER OF:
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
NEW YORK STATE SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

November 22, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: The Studley Family Foundation, Inc.

Gentlemen:

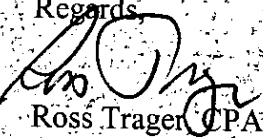
We are in receipt of the attached notice and respectfully request re-instatement of the Corporation.

Garson Studley recently visited Louise Studley and found the Notice of Dissolution. Apparently, Louise Studley who is 88 years old claims she never received the original notices. Louise, who's health is failing might not have known what the original forms were, discarded these forms.

We have now changed the mailing address to Garson Studley, so this situation will not happen in the future.

Accordingly, please accept this check and reinstate the Corporation. Your cooperation is appreciated.

Regards,


Ross Trager, CPA