

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

98 SEP 23 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000004569

1. Corporation Name  
COURTNEY ANNE POSTMA MEMORIAL FOUNDATION, INC.

Principal Place of Business  
2400 EAST COMMERCIAL BOULEVARD  
SUITE 820  
FORT LAUDERDALE FL 33308

Mailing Address  
2400 EAST COMMERCIAL BOULEVARD  
SUITE 820  
FORT LAUDERDALE FL 33308



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

REINSTATEMENT 97-98

2. New Principal Office Address, If Applicable 1535 SE. 17th Street Suite, Apt. #, etc. Suite 205 City & State Fort Lauderdale FL Zip 33316 Country U.S.		3. New Mailing Office Address, If Applicable 1535 SE. 17th Street Suite, Apt. #, etc. Suite 205 City & State Fort Lauderdale FL Zip 33316 Country U.S.		4. Date Incorporated or Qualified To Do Business in Florida 09/03/1996	
				5. FEI Number 31-1482378	
				Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	POSTMA, HERBERT F JR	4401 SOUTH OCEAN BOULEVARD 272 Key Palm	HIGHLAND BEACH FL 33487 Boca Raton, FL 33432
D	POSTMA, JEAN M	4401 SOUTH OCEAN BOULEVARD 272 Key Palm	HIGHLAND BEACH FL 33487 Boca Raton, FL 33432
D	POSTMA, TIFFANY M	4401 SOUTH OCEAN BOULEVARD 272 Key Palm	HIGHLAND BEACH FL 33487 Boca Raton, FL 33432
D	POSTMA, JONATHAN G	4401 SOUTH OCEAN BOULEVARD 272 Key Palm	HIGHLAND BEACH FL 33487 Boca Raton, FL 33432
			900002651759--0 -09/23/98--01071--001 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

CLARK, THOMAS M ESQUIRE  
2400 EAST COMMERCIAL BOULEVARD  
SUITE 820  
FORT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name  
Postma, Herbert F Jr.  
Street Address (P.O. Box Number is Not Acceptable)  
1535 SE. 17th Street, Suite 205  
Suite, Apt. #, Etc.  
Suite 205  
City  
Fort Lauderdale  
State  
FL  
Zip Code  
33316

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  
REGISTERED AGENT MUST SIGN

Date 9/26/98

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/98

Date Daytime Phone #

CR2040 (8/97)