

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 OCT 25 PM 3:31

DOCUMENT # N 96 00000 6025

1. Corporation Name

CHARLES and Marabeth Causey Foundation,  
INC.

REINSTATEMENT 2011

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

200 AVACADO ST.

3. Mailing Office Address

P.O. Box 1169

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ISLAMORADA, FL

City & State

ISLAMORADA, FL

Zip

33036

Country

MONROE

Zip

33036

Country

MONROE

100213649131  
10/25/11--01032--008 \*\*236.25

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

11/14/96

5. FEI Number

65-0711722

☐ 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

CHARLES W. CAUSEY

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

200 AVACADO ST.

Suite, Apt. #, Etc.

City

ISLAMORADA

State

FL

Zip Code

33036

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

Charles W. Causey

REGISTERED AGENT MUST SIGN

Date

10/17/11

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
P/D	CHARLES W. CAUSEY	200 AVACADO ST.	ISLAMORADA, FL 33036
V/D	MARABETH CAUSEY	200 AVACADO ST.	ISLAMORADA, FL 33036
D	FRANCES CAUSEY	5 Circulo Diego Rivera	TULAC, AZ 85646

10. E-mail Address: CHARLESCAUSEY@MINDSPRING.COM

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Charles W. Causey, Pres.

CHARLES W. CAUSEY (P) 10/18/11 305 49779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #