

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002133

1. Corporation Name

JEFFREY T. WILSON FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

17095 DARLINGTON COURT
BOCA RATON FL 33496

17095 DARLINGTON COURT
BOCA RATON FL 33496

20283
STATE ROAD 7
SUITE 400
BOCA RATON FL

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

03/31/1997

5. FEI Number

65-6235476

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	WILSON, JEFFREY T	17095 DARLINGTON COURT	BOCA RATON FL 33496
D	HOM, CHRISTINA	17095 DARLINGTON COURT	BOCA RATON FL 33496
D	WILSON, MERLE	2427 NW 68RD STREET	BOCA RATON FL 33496
D	HELLER, STEVEN C	20283 STATE ROAD 7 SUITE 400	BOCA RATON, FL 33496
D	WILSON, CHRISTINA	17095 DARLINGTON CT	BOCA RATON FL 33496

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HELLER, STEVEN
20283 STATE ROAD 7
SUITE 400
BOCA RATON FL 33496

Name

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

Suite, Apt. #, Etc.

City

000003492990-1

-12/11/00-01023-014

*****61, State *****61.25

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

Steven Heller

Date 10/20/00

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Heller

10/20/00

Date

561-864-2330

Daytime Phone #

KE

CR2E040 (8/00)

STEVEN C. HELLER
20283 STATE ROAD 7 SUITE 400
BOCA RATON, FL 33498

N97-
2193

②

October 20, 2000

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

Dear Sir or Madam:

I was told by your department to write this letter along with the attached annual report as well as a check covering the fees but not late fees. Notices were never received and thus late fees should be waived.

Please adjust your records accordingly. Thank you.

Sincerely yours,
Jeffrey T. Wilson Family Foundation, Inc.

Steven C. Heller

Steven C. Heller
Secretary