

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 11 AM 9 41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000002846

1. *Corporation Name

THE ROBERT P AND PATRICIA J BAUMAN
FAMILY FOUNDATION, INC.

2. Principal Office Address

6720 SE HARBOR CR

Suite, Apt. #, etc.

City & State

STUART, FL

Zip

34996

Country

USA

3. Mailing Office Address

6720 SE HARBOR CR

Suite, Apt. #, etc.

City & State

STUART, FL

Zip

34996

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1997

5. FEI Number

311535223

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

ROBERT P. BAUMAN

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

6720 SE HARBOR CR TALLAHASSEE 32304

Suite, Apt. #, Etc.

STUART

City

STUART

State
FL

Zip Code

34996

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

RP Bauman

REGISTERED AGENT MUST SIGN

Date 1/10/05

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
D	ROBERT P BAUMAN	6720 SE HARBOR CR	STUART, FL 34996
D	JOHN McVEY	123 MAIN STR	WHITE PLAINS, NY 10602
D	ELIZABETH H. BAUMAN	22 GREAT HILL ROAD	KENNEBUNK, ME 04043
D	JOHN A. BAUMAN	206 1/2 GREGORY BLVD	EAST NEWARK, CT 06855
<p>400045506004 01/27/05--01022--001 **175.00</p>			

10. 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:

Robert P. Bauman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/05

Date

772.225.0403

Daytime Phone #

400045506004
01/27/05--01022--001 **61.25

CR25081 (01/04)