

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
DO NOT
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003212

1. Corporation Name

THE TRUE FRIENDS FOUNDATION, INCORPORATED

Principal Place of Business

Mailing Address

642 NW RIVER DRIVE
STUART FL 34994
US

PO BOX 1026
JENSEN BEACH FL 34958-1026
US

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

06/02/1997

5. FEI Number

NOT APPLICABLE

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	COX, IRA C	642 NW RIVER DRIVE	STUART FL 34994
VD	KOZIK, JOSEPH L	642 NW RIVER DRIVE	STUART FL 3994
STD	HUBBARD, LOUISE	2367 SE HARRINGTON AVE	PORT ST LUCIE, FL 34952

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COX, IRA C
642 NW RIVER DRIVE
STUART FL 34994

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.

Signature of Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/12/2000

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

10/12/2000 (561) 692-4917
Date Daytime Phone #



09-21-00 90001 007 86125

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 PM 4:10

CR2E040 (8/00)