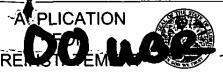
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

N97000003212 DOCUMENT

1. Corporation Name

THE TRUE FRIENDS FOUNDATION, INCORPORATED

Mailing Address Principal Place of Business 642 NW RIVER DRIVE PO BOX 1026 JENSEN BEACH FL 34958-1026 STUART FL 34994 09-21-00 90001 aug 3661.25 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified
To Do Business in Florida 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 06/02/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For NOT APPLICABLE City & State City & State Not Applicable 6 \$8.75 Additional Fee required Ζip Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each City / State / Zip and/or Directors Officer and/or Director Title(s) 642 NW RIVER DRIVE STUART FL 34994 PD COX, IRA C VD. KOZIK, JOSEPH L 642 NW RIVER DRIVE STUART FL 3994 SE HARRINGTONAVE PORT STLUCIO, FL 34952 510 HUBBARD LOSISE 700003436727 -10/24/00--01054--001 *******8...75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name COX, IRA C Street Address (P.O. Box Number is Not Acceptable) 642 NW RIVER DRIVE Suite, Apt. #, Etc. STUART FL 34994 State | Zip Code City 10. I, being appointed the registered about of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent _ NEEDS THE DAGENT 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 filling 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.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILEL SECRETARY OF STATE

HVISION OF CORPORATION

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