

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2012 MAY 21 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000000843

1. Corporation Name

Boca Raton Public Library Foundation, Inc.

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

1501 NW Spanish River Boulevard

Suite, Apt. #, etc.

3. Mailing Office Address

1501 NW Spanish River Boulevard

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33434

Country

USA

Zip

33432

Country

USA

**REINSTATEMENT**

CR2E081 (11/10)

10-12

4. Date Incorporated or Qualified

To Do Business in Florida 01/02/1998

5. FEI Number

650817182

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

Tom Sloan, Manager, Library Services

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

1501 NW Spanish River Boulevard

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33434

400235370754  
05/21/12--01051--004 \*\*358.75

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

*Tom Sloan*

Tom Sloan

REGISTERED AGENT MUST SIGN

Date April 20 2012

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	Richard Murdoch	774 Azalea Street	Boca Raton, FL 33486
D	Dr. Beth King	2360 NW 45 Street	Boca Raton, FL 33431
D	Kathleen Murdoch	774 Azalea Street	Boca Raton, FL 33486
D	Tom Sloan	1501 NW Spanish River Blvd.	Boca Raton, FL 33434

10. E-mail Address: rmurdoch@bdblaw.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:

*Tom Sloan*

Tom Sloan, Director

April 20, 2012 561-241-0414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MLW 5/23