

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 NOV -3 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100003045621--3

-11/16/99--01052--025

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DOCUMENT # N98000002604

1. Corporation Name

THE MARK BRUNELL FOUNDATION, INC.

Principal Place of Business

Mailing Address

117 LANTERN WICK PLACE
PONTE VEDRA BCH FL 32082

117 LANTERN WICK PLACE
PONTE VEDRA BCH FL 32082

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

05/08/1998

5. FEI Number

59-3484251

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
D	BRUNELL, MARK	117 LANTERN WICK PLACE	PONTE VEDRA BCH FL 32082
D	BRUNELL, STACEY	117 LANTERN WICK PLACE	PONTE VEDRA BCH FL 32082
D	FESTE, GREGORY L	4665 SWEETWATER BLVD., SUITE 105	SUGAR LAND TX 77479

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRUNELL, MARK
117 LANTERN WICK PLACE
PONTE VEDRA BCH FL 32082

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

REGISTERED AGENT MUST SIGN

Date

10/31/99

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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/99

Daytime Phone #