

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 FEB 16 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000003338

1. Corporation Name

THE CHARLES V. McADAM, JR. CHARITABLE FOUNDATION, INC.

200093746022

03/19/07--01059--006 \*\*\*420.00

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

2360 Greenbriar Boulevard

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wellington, FL

City & State

Zip 33414

Country  
USA

Zip

Country

REINSTATEMENT 04-07

4. Date Incorporated or Qualified  
To Do Business in Florida

6/9/98

5. FEI Number

311603603

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

John J. Raymond, Jr.

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

c/o Butzel Long, 1200 N. Federal Highway

Suite, Apt. #, Etc.

Suite 420

City

Boca Raton

State  
FL

Zip Code  
33432

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*John J. Raymond, Jr.*

REGISTERED AGENT MUST SIGN

Date 1-31-07

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	Brad McAdam	285 F.W. Hartford Drive	Portsmouth, NH 03801
DV	Charles V. McAdam, III	19764 N. 84 Way	Scottsdale, AZ 85255
DST	Frank GP McAdam	285 F.W. Hartford Drive	Portsmouth, NH 03801

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 contained in Chapter 119, 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:

*Frank GP McAdam*

Frank GP McAdam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/7/07

561-795-1959

Daytime Phone #