

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 DEC 13 PM 12:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N98 000006435**

1. Corporation Name
Reidel C. Anthony Community Foundation, Inc.

Principal Place of Business Mailing Address
**300 S. East 3rd Avenue
 P.O. Box 23
 South Bay, Florida 33493**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 95

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida Nov. 10, 1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0870215	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1. Pres.	Reidel C. Anthony (D)	12105 Clear Harbor Drive	Tampa, Florida 33626
2. Exec. Dir.	Clarence Anthony (D)	300 S. East 3rd Avenue	South Bay, FL 33493
3. Sec.	James A. Franklin, Jr. (D)	914 Richland St., Ste. A	200 Columbia, SC 29201

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Clarence Anthony 300 S. East 3rd Avenue P.O. Box 23 South Bay, Florida 33493		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: _____

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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 Date: _____ Daytime Phone #: _____

CR2E081 (12/98)