

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.

| | | | | | |
|--|--|--|--|--|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | Nov. 10, 1998 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 65-0870215 | |
| | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

REINSTATEMENT

| 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 |
| Pres. | Reidel C. Anthony (D) | 12105 Clear Harbor Drive | Tampa, Florida 33626 |
| Exec. Dir. | Clarence Anthony (D) | 300 S. East 3rd Avenue | South Bay, FL 33493 |
| Sec. | James A. Franklin, Jr. (D) | 914 Richland St., Ste. A | 200 Columbia, SC 29201 |
| | | | 700003078767--8 |
| | | | -12/23/99--01006--008 |
| | | | ****236.25 ****236.25 |

| 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 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 Date _____

REGISTERED AGENT MUST SIGN

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 # _____

CR22081 (12/98)