

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000007147**

**1. Corporation Name**

Critchfield Private Foundation, Inc.

**2. Principal Office Address**

404 Royal Palm Way

**3. Mailing Office Address**

400 Royal Palm Way

Suite, Apt. #, etc.

Suite 404

Suite, Apt. #, etc.

Suite 404

City & State

Palm Beach, FL

City & State

Palm Beach, FL

Zip

33480

Country

U.S.

Zip

33480

Country

U.S.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/18/98

**5. FEI Number**

65-0881997

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

**\$875 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

Edward Downey

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

400 Royal Palm Way

Suite, Apt. #, Etc.

Suite 404

City

Palm Beach, FL

State

FL

Zip Code

33480

**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

*Edward Downey*

Date

10-14-03

REGISTERED AGENT MUST SIGN

**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
P/T	Maxine J. Critchfield	101 Twinberry Drive	Atlantis, FL 33462
VP/T	Edward Downey	400 Royal Palm Way	Palm Beach, FL 33480
S/T	Daniel Downey	400 Royal Palm Way	Palm Beach, FL 33480

**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 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:

*Daniel Downey*

DANIEL DOWNEY

400 ROYAL PALM WAY

P.O. BOX 2345

PALM BEACH, FL 33480

Date

10/14/03

Daytime Phone #

561-  
655-8761

CR2E081 (10/02)