FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

08 NOV 17 PM 1:17

SEC[illegible] STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

600137999986
11/17/08--01049--016 **603.75

DOCUMENT # N98000007161

1. Corporation Name

THE IRWIN FOUNDATION, INC.

CR2E081 (10/08)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| C/O 5551 Ridgewood Drive | C/O 5551 Ridgewood Drive |
| Suite, Apt. #, etc.: Suite 501 | Suite, Apt. #, etc.: Suite 501 |
| City & State: Naples, FL | City & State: Naples, FL |
| Zip: 34108 Country: U.S. | Zip: 34108 Country: U.S. |

4. Date Incorporated or Qualified To Do Business in Florida: 12/18/1998

5. FEI Number: 650910636 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $9.75 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Howard L. Crown

Street Address (P.O. Box Number is Not Acceptable): Grant, Fridkin, Pearson, Athan & Crown, P.A.

Suite, Apt. #, Etc.: 5551 Ridgewood Drive, Suite 501

City: Naples State: FL Zip Code: 34108

☐ 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: Howard Crown Date: 11/14/08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| D | James B. Irwin | 25188 MARION Ave Villa 22 | Punta Gorda Fl 33950 |
| D | Stacey Irwin | 4546 Melbourne St. | Charlotte Harbor Fl 33980 |
| D | Rosaria Irwin | Box 495151 | PortCharlotte Fl 33949 |
| D | Rose Marie McCafferty | Box 510284 | Punta Gorda Fl, 33951 |
| D | Kathleen Marie O'Toole | Box 512220 | Punta Gorda Fl, 33951 |
| D | Mary Elizabeth Irwin | Box 495151 | PortCharlotte Fl 33949 |

10. I certify that I am a director, officer or the receiver of the corporation authorized 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 records meet 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 violate any 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.

REINSTATEMENT FILED

SIGNATURE: James Irwin 11/13/08 941 639-6677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #