APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N99000002938**

1. Corporation Name

THE HANDLEY FOUNDATION, INC.

Principal Place of Business

Mailing Address

617 ISLE OF PALMS DR FORT LAUDERDALE FL 33301 2400 E LAS OLAS BLVD FORT LAUDERDALE FL 33301

3/ente

FILED

03 OCT 27 AH 9: 43

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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 Date Incorporated or Qualified To Do Business in Florida · 05/12/1999 Suite, Apt. #, etc. FEI Number Applied For City & State 58-2469598 Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zip Country CERTIFICATE OF STATUS DESIRED

| 7. Names | and Street Addresses of Each Officer and/or Dire | ctor (Florida nonprofit corporations must list at least 3 direc | tors) |
|----------|--|---|---|
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| DVS | HANDLEY, RICHARD L | 617 ISLE OF PALMS DR | FORT LAUDERDALE FL 33301 |
| DV | HOUGHTON, HELEN H | 1016 FIFTH AVE | NEW YORK NY 10028 |
| DPT." | HANDLEY, STEPHEN L. | 10 AZURE BRAC PO BOX 630 | GRANTHAM NH 03753 |
| DV | HANDLEY, KENNETH G JR | 724 FREEZE CREEK CIR | SALT LAKE CITY UT 84108 |
| | | 10 | 700024181957 /27/0301137005 **236,25 |
| | | | |

AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVE., 28TH FLOOR MIAMI FL 33131

-8.-Name and Address of Current Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State Zip Code

). I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

American Information Services, Inc

Signature of Registered Agent

aleto, OBST. Dec.

Date _

9. Name and Address of New Registered Agent

Oct. 17, 2003

11. 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.

SIGNATURI

SIGNATURE OF TYPED OR PRINTED JAME OF SERVING OFFICER OR DIRECTOR

15/14/03 954-627-5036 Datte Phone # CHZEU40 (7/03)