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APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 FEB -5 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000003474

1. Corporation Name

THE PRIDE FOUNDATION, INC.

REINSTATEMENT 2000-2002

2. Principal Office Address		**3.** Mailing Office Address	
3860 N.W. 4th Avenue		3860 N.W. 4th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Boca Raton, FL		Boca Raton, FL	
Zip: 33431	Country: USA	Zip: 33431	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 6/1/99

5. FEI Number: 65-0927 240 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Linda O. MacLaren

Street Address (P.O. Box Number is Not Acceptable): 798 So. Federal Highway

Suite, Apt. #, Etc.: 100

City: Boca Raton | State: FL | Zip Code: 33432

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: Linda O MacLaren — REGISTERED AGENT MUST SIGN — Date: 1/22/02

CR2E031 (9/00)

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/D	George F. Devin	3860 N.W. 4th Avenue	Boca Raton, FL 33431
P/D	Thomas M. Janton	3860 N.W. 4th Avenue	Boca Raton, FL 33431
D	Sofia D. Campins	3860 N.W. 4th Avenue	Boca Raton, FL 33431

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: _____ 1/15/02 (561) 395-1000

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

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : OSBORNE & OSBORNE, P.A.
Account Number : I20000000119
Phone : (561)395-1000
Fax Number : (561)395-8313

CORPORATION REINSTATEMENT

THE PRIDE FOUNDATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$297.50