

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV -5 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000003666

1. Corporation Name

Bluegrass Foundation, Inc.

2. Principal Office Address - No P.O. Box #

5551 Ridgewood Drive

3. Mailing Office Address

5551 Ridgewood Drive

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Naples, FL

City & State

Naples, FL

Zip

34108

Country

US

Zip

34108

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/1999

5. FEI Number

593584274

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

Carl E. Westman

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

5551 Ridgewood Drive

Suite, Apt. #, Etc.

Suite 101

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

Date

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
D	Westman, Carl E.	5551 Ridgewood Drive, Suite 101	Naples, FL 34108
D	Ware, John D.	100 Glenview Place, #301	Naples, FL 34108
D	White, Charles L.	Fifth Third Bank, P.O. Box 413021	Naples, FL 34101

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT 07-09
CR2E081 (12/08)

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11/04/09--01036--020 **183.75

11-3-09 239-430-1800