

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000003898

1. Corporation Name

The Beauregard Foundation, Inc.

2. Principal Office Address

15 Golfview Road

Suite, Apt. #, etc.

City & State

Palm Beach, Florida

Zip

33480

Country

USA

3. Mailing Office Address

15 Golfview Road

Suite, Apt. #, etc.

City & State

Palm Beach, Florida

Zip

33480

Country

USA

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

6/24/99

5. FEI Number

65-0929642

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 OCT 15 AM 11:06

FILED

7. Name and Address of Current Registered Agent

Name

Valdes-Fauli Corporate Services, Inc.

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

777 South Flagler Drive

Suite, Apt. #, Etc.

Suite 500 East

City

West Palm Beach

State

FL

Zip Code

33401

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

REGISTERED AGENT MUST SIGN

Date

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
DPTS	Irving W. Bailey, II	15 Golfview Road	Palm Beach, FL 33480
D	Catherine T. Bailey	15 Golfview Road	Palm Beach, FL 33480
D	Robert L. Walker	8400 Eagle Ridge	Cincinnati, OH 45243

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Irving W. Bailey, II, President

Date

Daytime Phone #

CR2E081 (9/01)