

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV -6 PM 5:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004234

1. Corporation Name

TORT REFORM LEGAL DEFENSE FUND, INC.

Principal Place of Business

Mailing Address

~~110 E. JEFFERSON ST.~~
TALLAHASSEE FL 32301

100 E. JEFFERSON ST.
TALLAHASSEE FL 32301

~~110 E. JEFFERSON ST.~~
TALLAHASSEE FL 32301

100 E. JEFFERSON ST.



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 2002

4. Date Incorporated or Qualified
To Do Business in Florida

07/15/1999

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

PD

HERRLE, WILLIAM C

~~110 E. JEFFERSON ST.~~
100

TALLAHASSEE FL 32301

D

ANDERSON, PAUL

JM FAMILY ENTERPRISES, 100 N.W.

DEERFIELD BEACH FL 33443

D

ARRIZURIETA, JORGE

AUTO NATION, 450 E. LAS OLAS, ST

FT. LAUDERDALE FL 33301

D

BRAINERD, JIM

P.O. BOX 12129

TALLAHASSEE FL 32317

~~D~~

~~CARR, DIANE~~

~~FLORIDA RETAIL FEDERATION 227 S.~~

~~TALLAHASSEE FL 32302~~

100008934461

11/06/02--01115--001 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERRLE, WILLIAM C

~~110 E. JEFFERSON ST.~~ 100 E. JEFFERSON ST.
TALLAHASSEE FL 32311

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. 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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-30-02

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.

SIGNATURE:

SIGNATURE REQUIRED
WILLIAM HERRLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-02

Date

Daytime Phone #

CR2E040 (8/02)