

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.**

~~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.

**REINSTATEMENT 2002**

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

4. Date Incorporated or Qualified To Do Business in Florida	07/15/1999
5. FEI Number	NOT APPLICABLE
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HERRLE, WILLIAM C	<del>110 E. JEFFERSON ST.</del> <b>100</b>	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
<del>D</del>	<del>CARR, DIANE</del>	<del>FLORIDA RETAIL FEDERATION 227 S.</del>	<del>TALLAHASSEE FL 32302</del>

100008934461  
 11/06/02--01115--001 \*\*236.25

8. Name and Address of Current Registered Agent

HERRLE, WILLIAM C  
~~110 E. JEFFERSON ST.~~ **100 E. JEFFERSON ST.**  
 TALLAHASSEE FL 32311

9. Name and Address of New Registered Agent

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]* **SIGNATURE REQUIRED** Date 10-30-02  
 REGISTERED AGENT MUST SIGN

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]* **SIGNATURE REQUIRED** WILLIAM HERRLE 10-30-02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/02)