

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

04 DEC -7 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

04



11302004 REIN-NP CR2E099 (6/04) TR



| | | | | | |
|--|---|--|--|--|--|
| DOCUMENT # N99000004944 1. Entity Name CHARLES P. AND LYNN L. STEINMETZ FAMILY FOUNDATION, INC. | | | | | |
| Principal Place of Business 1751 VIA AMALFI WINTER PARK, FL 32789 | | Mailing Address 1751 VIA AMALFI WINTER PARK, FL 32789 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address c/o SunTrust Attn: L Amoroso Suite, Apt. #, etc. 200 South Orange Ave City & State Orlando, FL | | | |
| City & State | | City & State Orlando, FL | | 4. FEI Number 59-3591506 | |
| Zip | | Country | | Applied For Not Applicable | |
| Zip 32801 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent STEINMETZ, CHARLES P 1751 VIA AMALFI WINTER PARK, FL 32789 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE | | (NOTE: Registered Agent signature required when reinstating) | | DATE 12-01-04 | |
| FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50 | | | Make check payable to Florida Department of State | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete STEINMETZ, CHARLES P 1751 VIA AMALFI WINTER PARK, FL 32789 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 500043225045 12/07/04--01008--009 **236.25 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete STEINMETZ, LYNN L 1751 VIA AMALFI WINTER PARK, FL 32789 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete STEINMETZ, MATTHEW A 1751 VIA AMALFI WINTER PARK, FL 32789 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. | | | | | |
| SIGNATURE: | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | DATE 12-01-04 | |
| Daytime Phone # | | Daytime Phone # | | | |