

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N99000005968**

1. Corporation Name

KAPPA FOUNDATION OF POMPANO BEACH, INCORPORATED

Principal Place of Business

Mailing Address

P.O. BOX 792
POMPANO BEACH FL 33061

P.O. BOX 792
POMPANO BEACH FL 33061

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/1999

5. FEI Number

65-1063045

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HOLCOMB, GLENN C	9475 LISTON TERR	BOYNTON BEACH FL 33437
SD	SCRUGGS, J. DAVID	P.O. BOX 792	POMPANO BEACH FL 33061
T	BLAINE, EALIE	P.O. BOX 792	POMPANO BEACH FL 33061
D	TURNLEY, L. WAYNE BRIAN, OLIVER	P.O. BOX 792	POMPANO FL 33061
D	ROBINSON, HENRY HAYES, JAMES JR	800 N.W. 33RD WAY 6921 NW 45TH COURT	FT. LAUDERDALE FL 33311 LAUDERHILL, FL 33319

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THURSTON, PERRY
6041 SW 13TH STREET
PLANTATION FL 33315

Name

James Hayes, Jr

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

6921 NW 45th Court

Suite, Apt. #, Etc.

City

Lauderhill

State

FL

Zip Code

33319

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

James Hayes, Jr

REGISTERED AGENT MUST SIGN

300037671723
06/04/04--01060--003 **297.50

Date

5-21-04

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:

James Hayes, Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-21-04

Daytime Phone #

(561)357-7696