

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 20 PM 12:59

DOCUMENT # N99000007303

1. Corporation Name

THE KIRK A. COPANOS MEMORIAL FOUNDATION, INC.

2. Principal Office Address

700 NE 7th Avenue, Unit #4

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL 33304

Zip

Country

USA

3. Mailing Office Address

700 NE 7th Avenue

Suite, Apt. #, etc.

Unit #4

City & State

Fort Lauderdale, FL

Zip

Country

33304

USA

REINSTATEMENT

DD

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

12/10/99

5. FEI Number

65-0966744

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

W. Rodgers Moore, P.A.

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

4800 North Federal Highway

Suite, Apt. #, Etc.

Suite 210-A

City

Boca Raton

State

FL

Zip Code

33431

700003455477-7
-11/07/00--01081--017
****245.00 ****245.00

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

W. Rodgers Moore **REGISTERED AGENT MUST SIGN** President

Date 10-19-00

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
D	Wesley Remington	P.O. Box 6007	St. Josephs, MO 64506
D	Anton Dehburn, M.D.	6033 Hollins Avenue	Baltimore, MD 21212
D	John S. Copanos	700 NE 7th Avenue, Unit #4	Ft. Lauderdale, FL 33304

AD

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)(l), 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

John H. Copanos a/k/a John S. Copanos

Date

10/19/00 561-394-7944

Daytime Phone #

CR2E081 (8/99)