

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR 26 AM 11:16

DOCUMENT # *N990 0000 7506*

**1. Corporation Name**

*GREGORY FAMILY FOUNDATION*

**2. Principal Office Address**

*394 S. MAYA PALM DR*

Suite, Apt. #, etc.

*BOCA RATON*

City & State

*FLORIDA*

Zip

*33432*

Country

*USA*

**3. Mailing Office Address**

*394 S. MAYA PALM DR*

Suite, Apt. #, etc.

*Boca Raton*

City & State

*FLORIDA*

Zip

*33432*

Country

*USA*

**REINSTATEMENT** *03-04*

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

*12/21/99*

**5. FEI Number**

*69-0970356*

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

*FHS CORPORATE SERVICES, INC*

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

*394 S. MAYA PALM DR*

Suite, Apt. #, Etc.

*Boca Raton, FL*

*Boca Raton*

*900034749069*

*04/29/04--01067--002 \*\*122 50*

State

*FL*

Zip Code

*33432*

**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

*Dale Gregory*

Date

REGISTERED AGENT MUST SIGN

**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
<i>PD</i>	<i>Gregory, Dale M</i>	<i>394 S. MAYA PALM DR</i>	<i>Boca Raton FL 33432</i>
<i>STD</i>	<i>Gregory, Agnes C</i>	<i>394 S. MAYA PALM DR</i>	<i>Boca Raton, FL 33432</i>
<i>D</i>	<i>WORKMAN, Thomas</i>	<i>1700 S. DIXIE HWY STE 4C</i>	<i>Boca Raton, FL 33432-7403</i>

**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)(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:**

*Dale Gregory*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/21/04*

Date

*561-  
368-3932*

Daytime Phone #

CR2E081 (01/04)