

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # N99000007522

1. Corporation Name

WILLIAM AND CAROL BOYKIN FOUNDATION, INC.

Principal Place of Business

Mailing Address

~~304 ROSEMEADE LANE~~

394 ROSEMEADE LANE

~~NAPLES FL 33999~~

~~NAPLES FL 33999~~

513 Bank

clo J. Howard Black, Trustee

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4099 Tamiami Trail

3. New Mailing Office Address, If Applicable

Same

Suite, Apt. #, etc.

P.O. Box 413021

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Zip

34101-3021

Country

USA

Zip

Country

REINSTATEMENT 00

4. Date Incorporated or Qualified  
To Do Business in Florida

12/22/1999

5. FEI Number

59-7158868

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) | Name of Officers<br>and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|----------|--------------------------------------|---|--------------------|
| 1        | 2                                    | 3   | 4                  |
| PD       | BOYKIN, WILLIAM                      | 394 ROSEMEADE LANE                                | NAPLES FL 33999    |
| TSD      | BOYKIN, CAROL                        | 394 ROSEMEADE LANE                                | NAPLES FL 33999    |
| D        | BLACK, J. HOWARD                     | 5125 KENSINGTON HIGH STREET                       | NAPLES FL 34105    |
|          |                                      |   |                    |
|          |                                      |   |                    |
|          |                                      |   |                    |
|          |                                      |   |                    |

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

A.G.C. CO.

200 SOUTH ORANGE AVENUE SUITE 2300  
ORLANDO FL

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.

Signature of  
Registered Agent

*J. Howard Black* Vice President

Date 11/28/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Howard P. Black

Date

Daytime Phone #

11/2/00 941-430-5224

CR2E040 (8/00)