

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 DEC -5 AM 10: 00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000007522

1. Corporation Name

WILLIAM AND CAROL BOYKIN FOUNDATION, INC.

Principal Place of Business

Mailing Address

4099 TAMIAMI TRAIL  
P.O. BOX 413021  
NAPLES FL 34101-3021

4099 TAMIAMI TRAIL  
P.O. BOX 413021  
NAPLES FL 34101-3021



600025256106  
12/05/03--01040--017 \*\*61.25 03

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

2. New Principal Office Address, If Applicable

5125 Kensington High St

Suite, Apt. #, etc.

Naples FL

City & State

3. New Mailing Office Address, If Applicable

5125 Kensington High St

Suite, Apt. #, etc.

Naples FL

City & State

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

Zip 34105

Country USA

Zip 34105

Country USA

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
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

REINSTATEMENT

8. Name and Address of Current Registered Agent

A.G.C. CO.  
200 SOUTH ORANGE AVENUE SUITE 2300  
ORLANDO FL 32801

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

Richard T. Fulton

Date 12/1/03

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

11/24/03

(239) 213-0725

Date

Daytime Phone #

CR2E040 (7/03)

2 of 2

**J. Howard P. Black**  
5125 Kensington High Street  
Naples Florida 34105  
(941) 430-6863  
(941) 430-6864 Fax  
(941) 269-3052 Cell

November 24, 2003

Division of Corporations  
Annual Report/Reinstatement Division  
P.O. Box 6327  
Tallahassee FL 32314-6327

Re: William and Carol Boykin Foundation

I am submitting this letter as a request to have this corporation reinstated. The notices were sent to my former employer and were not forwarded to me for handling. I was unaware of this until I received this notification. I have changed the principal and mailing address to my home so that I will not have that problem in the future.

I have enclosed a check for \$61.25 in the hope that you will look favorably on this request. Thank you for your understanding.

Sincerely,



J. Howard P. Black