

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000007649

1. Corporation Name

M. S. M Family Foundation, Inc.

2. Principal Office Address - No P.O. Box #

2400 Feather Sound Dr

Suite, Apt. #, etc.

Apt 1217

City & State

Clearwater, FL

Zip

33762

Country

USA

3. Mailing Office Address

232 Duncaster Rd

Suite, Apt. #, etc.

City & State

Bloomfield, CT

Zip

06002

Country

USA

7. Name and Address of Current Registered Agent

Name

Sandra A McCarthy Morawski

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

c/o Thompson, 2400 Feather Sound Dr

Suite, Apt. #, Etc.

Apt 1217

City

Clearwater

State

FL

Zip Code

33762

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

Sandra A McCarthy Morawski
REGISTERED AGENT MUST SIGN

Date 6/30/08

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	Sandra A McCarthy Morawski	232 Duncaster Rd	Bloomfield, CT 06002
D	Mark Morawski	232 Duncaster Rd	Bloomfield, CT 06002
D	Betty J Thompson	2400 Feather Sound Dr, #1217	Clearwater, FL 33762
D	Robert W Thompson	2400 Feather Sound Dr, #1217	Clearwater, FL 33762

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 contained in Chapter 119, 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:

Sandra A McCarthy Morawski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra A McCarthy Morawski
Date

Date

Daytime Phone #

FILED

08 APR 28 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/07)

4. Date incorporated or qualified
in Florida 12/19/1999

5. FEI Number

593616154

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

000133811160
07/31/08--01011--023 **\$65.00

860-242-5699