

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 23 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000115623

1. Corporation Name

William O. Foster, Financial Advisor, Inc.

2. Principal Office Address

327 Arabian Road

Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip

33480

Country

USA

3. Mailing Office Address

327 Arabian Road

Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip

33480

Country

USA

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida 12/04/2001**

5. FEI Number
90-0008131

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

Manuel Kushner

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

Kaye Scholer LLP

Suite, Apt. #, Etc.

777 S. Flagler Drive, West Tower, Suite 900

City

West Palm Beach

State

FL

Zip Code

33401

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

Manuel Kushner
REGISTERED AGENT MUST SIGN

Date

12/21/04

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
PD	Lynda Foster	327 Arabian Road	Palm Beach, FL 33480
			300043672383 12/28/04--01035--007 **908.75
			12/23

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:

Lynda Foster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-21-04

Daytime Phone #

561-841-4651

CR2E081 (01/04)