PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 MAR 27 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P11000074665

1. Corporation Name
Foundations of South Florida INC

2. Principal Office Address - No P.O. Box #
999 West Prospect RD
Suite, Apt. #, etc.
City & State
Oakland Park
Zip 33309 Country Broward

3. Mailing Office Address
6345 Hawkes Bluff Avenue
Suite, Apt. #, etc.
City & State
Davie Florida
Zip 33331 Country Broward

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
453049173
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Active
$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name
LINK Terrance
Street Address (P.O. Box Number is Not Acceptable)
6435 Hawkes Bluff Avenue
Suite, Apt. #, Etc.
City
Davie
State FL
Zip Code 33311

800258328928
03/27/14--01014--010 **900.00

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 _____ Date 3-20-14
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
P	Terrance LINK	6435 Hawkins Bluff Ave	Dave FL 33311
			MAR 27 2014
			M. WILLIAMS

10. E-mail Address: TLINK@FoundationSFL.ORG
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 3-20-14 954-776-8036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #