

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 10 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P16314

1. Corporation Name

NATIONAL FOLIAGE FOUNDATION INC

2. Principal Office Address

1533 Park Center Drive

Suite, Apt. #, etc.

City & State

Orlando FL 32835 5705

Zip

32835

Country

USA

3. Mailing Office Address

1533 Park Center Drive

Suite, Apt. #, etc.

City & State

Orlando FL 32835 5705

Zip

32835

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-08-87

5. FEI Number

59 2832635

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-04

7. Name and Address of Current Registered Agent

Name

Benjamin C. Bolusky

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

1533 Park Center Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32835

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

Benjamin C. Bolusky

Date 03-01-04

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	Chester Peckett	5643 Round Lake Road	Apopka FL 32712
V	Ralph Garrison	6012 18th Avenue East	Bradenton FL 34208
T	Wes Parrish	6151 NW 66th Way	Parkland FL 33067
D	Mark Poorbaugh	2243 W. Kelly Park Road	Apopka FL 32712
D	Theo Bryant	7555 Crewsville Road	Zolfo Springs FL 33890
D	Chris Christiansen	2018 Hidden Pine Lane	Apopka FL 32704

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:

Benjamin C. Bolusky

Benjamin C. Bolusky 407 295 7994 03-01-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (01/04)