

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 98 NOV 30 PM 2:28  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P18855**

1. Corporation Name  
**THE BERNARD & HELEN FULLER FOUNDATION, INC.**

Principal Place of Business Mailing Address  
 5651 BAYVIEW DRIVE 5651 BAYVIEW DRIVE  
 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/15/1988	
City & State		City & State		5. FEI Number	
Zip		Country		11-6010343	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	FULLER, DEBORAH	5651 BAYVIEW DR.	FT. LAUDERDALE FL 33308
VD	FULLER, HELEN	3 ISLAND AVE.	MIAMI BEACH FL 33139
S	SLOANE, JUNE F.	<del>2 BROADLAWN AVE</del> 300 SE 5 <sup>TH</sup> AVE	GREAT NECK NY BOCA RATON, FL, 33432
D	FULLER, BERNARD	3 ISLAND AVE.	MIAMI BEACH FL, 33139
<b>REINSTATEMENT</b>			98
			SL 12-3-98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FULLER, DEBORAH 5651 BAYVIEW DRIVE FT. LAUDERDALE FL 33308		Name Street Address (P.O. Box Number is Not Acceptable) 800002703278--0 Suite, Apt. #, Etc. -12704798-01067-003 City ****236.25 State Zip Code FL	

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.  
 Signature of Registered Agent: *Deborah Fuller* REGISTERED AGENT MUST SIGN Date: 11/25/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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)(f), 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: *Deborah Fuller* REGISTERED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DEBORAH FULLER, PRESIDENT**  
 Date: 11/25/98 Daytime Phone #: (834) 491-1317

CR2E040 (8/98)