

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P18855

1. Corporation Name

THE BERNARD & HELEN FULLER FOUNDATION, INC.

Principal Place of Business

Mailing Address

5651 BAYVIEW DRIVE  
FT. LAUDERDALE FL 33308

5651 BAYVIEW DRIVE  
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/15/1988

5. FEI Number

11-6010343

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

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.	2 BROADLAWN AVE 300 SE 5TH AVE	GREAT NECK NY BOCA RATON, FL 33432
D	FULLER, BERNARD	3 ISLAND AVE.	MIAMI BEACH FL 33139
REINSTATEMENT 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

\*\*\*\*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)(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:

*Deborah Fuller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DEBORAH FULLER, PRESIDENT

Date

Daytime Phone #

11/25/98 (934) 491-1317