

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 19 PM 3:47

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



REINSTATEMENT

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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		Zip		11-6010343	
Country		Country		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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	FULLER, DEBORAH	5651 BAYVIEW DR.	FT. LAUDERDALE FL 33308
VD	FULLER, HELEN	3 ISLAND AVE.	MIAMI BEACH FL 33139
S	SLOANE, JUNE F.	300 SE 5TH AVE	BOCA RATON FL 33432
D	FULLER, BERNARD	3 ISLAND AVE.	MIAMI BEACH FL 33139

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****236.25 ****236.25

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)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

10/16/2000

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., 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

Date

10/16/2000

Daytime Phone #

954-491-1317