

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
97 OCT 27 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000034847

1. Corporation Name

TBT FOUNDATION, INC.

Principal Place of Business

2639 PALMDALE ST
JACKSONVILLE FL 32208
US

Mailing Address

2639 PALMDALE ST
JACKSONVILLE FL 32208
US

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

2. New Principal Office Address, If Applicable

6050 Moncrief Rd Suite #13
Jacksonville, Florida
City & State
JAX. FLA.
Zip Country
32209 Duval

3. New Mailing Office Address, If Applicable

6050 Moncrief Rd Suite #13
Jacksonville, Florida
City & State
JAX. FLA.
Zip Country
32209 Duval

4. Date Incorporated or Qualified
To Do Business In Florida

05/05/1994

5. FEI Number

59-3239441

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)

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
DP	TOLLIVER, ROY	7200 MIMOSA GROVE TRAILS WEST	JACKSONVILLE FL 32210
DS	TOLLIVER, ROSA D	7200 MIMOSA GROVE TRAILS WEST	JACKSONVILLE FL 32210
DT	BURKETT, MELVIN	4500 BAYMEADOWS RD., APT. 147	JACKSONVILLE FL 32257
D	ROBERT ADAMS	4418 WILLIAMSBURG AVE	JACKSONVILLE FL

100002333111-8
-10/29/97--01110--015
****750.00 ****750.00

8. Name and Address of Current Registered Agent

TOLLIVER, ROY
7200 MIMOSA GROVE TRAILS WEST
JACKSONVILLE FL 32210

9. Name and Address of New Registered Agent

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

Roy A. Tolliver

REGISTERED AGENT MUST SIGN

Date

10/24/97

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:

Roy A. Tolliver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/97 (904) 768-135

CR2E040 (9/97)