

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 # **PM-72250**

1. Corporation Name

The Bishop Foundation, Inc.

Principal Place of Business

Mailing Address

**1408 Hendrix Rd
Tallahassee, Fl. 32301**

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

10.3.94

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

SP 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
Insp	Anne Bishop Morgan	P.O. Box 487	Lanark Vill. FL.
VP	Lisbeth Gordon	2338 Jim Lee Rd	Tall, FL.
Sec	Kathryn Bishop	830 E. JK Ave	Tall, FL.
TR	Kathryn Bishop		
			000002072340--9
			01/29/97-01050-002
			***1088.75 ***1088.75

8. Name and Address of Current Registered Agent

**Anne Bishop Morgan
P.O. Box 487
Tall, FL.**

9. Name and Address of New Registered Agent

Name **Lisbeth Gordon**
Street Address (P.O. Box Number is Not Acceptable) **2338 Jim Lee Rd**
Suite, Apt. #, Etc.
City **Tall.** State **FL** Zip Code **32301**

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 **Lisbeth Gordon**
REGISTERED AGENT MUST SIGN

Date **1/28/97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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: **Lisbeth Gordon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/28/97** Daytime Phone # **656-5662**