

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000067076

1. Corporation Name

Foundation Umbrella Management, Inc.

Principal Place of Business

4522 W. Spruce Street
Suite 103
Tampa, Florida 33607

Mailing Address

4522 W. Spruce Street
Suite 103
Tampa, Florida 33607

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

2. New Principal Office Address, If Applicable
c/o Marc H. Auerbach, Esq.

Suite, Apt. #, etc.

201 S. Biscayne Blvd., #2000

City & State

Miami, Florida 33131

Zip

33131

Country
USA3. New Mailing Office Address, If Applicable
c/o Marc H. Auerbach, Esq.

Suite, Apt. #, etc.

201 S. Biscayne Blvd., #2000

City & State

Miami, Florida 33131

Zip

33131

Country
USA4. Date Incorporated or Qualified
To Do Business in Florida

8/13/96

5. FEI Number

65-0689651

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
D	Warren G. Craig	c/o 118160 Highway 281 N, 108-167	San Antonio, TX 78232

8. Name and Address of Current Registered Agent

Marc H. Auerbach, Esq.
One International Place, Suite 2800
Zack, Sparber, et al
Miami, Florida 33131

9. Name and Address of New Registered Agent

Name

Marc H. Auerbach, Esq.

Street Address (P.O. Box Number is Not Acceptable)

201 S. Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 2000

City

Miami

State
FLZip Code
33131

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

REGISTERED AGENT MUST SIGN

Date

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.

Warren Craig, Director

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(210)946-6506

CFR2040 (12/96)