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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

**FILED**

98 MAY -4 PM 12:16

Read Instructions on Other Side Before Making Entries  
**Make Check Payable To: Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT #** TA6000101026  
  
Idaho Family Investment Company  
5412 Pine Bay Drive  
Tampa, FL 33625

2. If Address in Block 1 is incorrect in any way, enter the correct address below:  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address  
City and State Zip Code

**REINSTATEMENT** 97-98

4. Date Incorporated or Qualified  
To Do Business in Florida  
**12/13/96**

5. FEI Number  
**59-3424596**

FEI Number Applied For  
FEI Number Not Applicable

6. **\$8.75** Additional Fee required  
for a Certificate of Status  
**CERTIFICATE OF STATUS DESIRED** ☐

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
PRES.	CHARLES R. BRINK	5412 PINE BAY DR.	TAMPA, FL. 33625
V.P.	CHARLES W. BRINK	134 23 AVE NE	ST. PETERSBURG, FL 33701
SEC.	LINDA ANN BRINK	5412 PINE BAY DR.	TAMPA, FL. 33625

**000002521040--2**  
**05/12/98-01104-005**  
**\*\*\*\*900.00 \*\*\*\*900.00**

**REGISTERED AGENT INFORMATION**

8. Name and Address of Current Registered Agent

James W. Goodwin  
100 N. Tampa Street  
Suite 2300  
Tampa, FL 33602

9. If changed, new registered agent / office  
Name

Street Address (Do NOT Use P.O. Box Number)

**400 N. Tampa Street**

Street Address (Do NOT Use P.O. Box Number)

City State Zip  
**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 [Signature], Registered Agent  
REGISTERED AGENT MUST SIGN

Date **4/30/98**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director [Signature]

Date **4/30/98** Daytime Phone # **813,264-4934**

CR2E040 (8/92)