

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

DOCUMENT # **P 77 000021609**
1. Corporation Name **TFT Foundation, Inc.**

Principal Place of Business Mailing Address
7200 M. MOISA GROVE TRAIL W. SAME
JACKSONVILLE, FLA. 32210

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 3/10/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number ☒ Applied For ☐ Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

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/PT	ROY TOLLIVER	7200 M. MOISA GROVE TRAIL W.	JACKSONVILLE, FLA. 32210
PA/S	ERNEST TOLLIVER	7200 M. MOISA GROVE TRAIL W.	JACKSONVILLE, FLA. 32210

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
1		Name ROY TOLLIVER	
		Street Address (P.O. Box Number is Not Acceptable) 7200 M. MOISA GROVE TRAIL W.	
		Suite, Apt. #, Etc.	
		City JACKSONVILLE State FL Zip Code 32210	

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 TOLLIVER** Date **12/15/98**
REGISTERED AGENT MUST SIGN

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 TOLLIVER** Date **12/15/98**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

98 DEC 17 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (1/98)

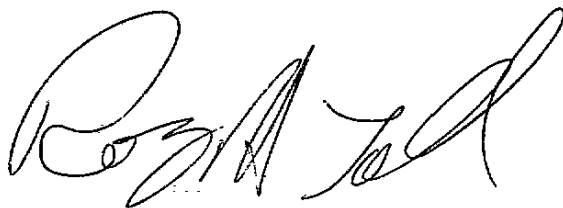
12/15/98

(2)

Re: T.F.T. Foundation Inc.
Reinstatement

To Whom it May Concern,

Please be Advised that Neither I NOR my Mother,
Rosa Adams have received ANY notice for filing AN
ANNUAL report OR notice of dissolution before being
Advised by A closing Attorney today. And Ask
that you waive the Reinstatement penalties and other
related charges.



Roy H. Tolliver
president T.F.T. Foundation Inc.



NOTARY PUBLIC
STATE OF FLORIDA
DALE A. BEARDSLEY
COMMISSION # CG774571
EXPIRES NOV 21, 2002
BONDED THROUGH
ADVANTAGE NOTARY