READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT -5 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000021609

1. Corporation Name: TFT Foundation, Inc.

Principal Place of Business: 1274 W. State St Jacksonville Fla 32204

Mailing Address: same

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Office Address, If Applicable
1274 W. State St
Suite, Apt. #, etc.
City & State: Jacksonville Fla.
Zip: 32204 / Country

REINSTATEMENT 1999

4. Date Incorporated or Admitted To Do Business in Florida: 3/10/1997

5. FEI Number: 59-3595261 (Applied For / Not Applicable)

6. 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
P	Roy Tolliver	1274 W. State St.	Jacksonville Fl. 32204
VP	Terence Wright	1274 W. State St.	Jacksonville Fl. 32204
S/T	Freddie Myers	1274 W State St.	Jacksonville Fl. 32204

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*****78.75 *****78.75

8. Name and Address of Current Registered Agent

Roy Tolliver
7200 Minorca Grove Trail N.
Jacksonville, FLA. 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 M. Toll — REGISTERED AGENT MUST SIGN — Date: 10/1/99

11. This corporation owes 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 M. Toll — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 10/1/99 — Daytime Phone #: (904) 4653442

CR2E031 (2/98)