

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR 10 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PC7000021609
TFT Foundation, Inc.

2. Principal Office Address

917 Kings Rd

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32204

Country

3. Mailing Office Address

917 Kings Rd

Suite, Apt. #, etc.

City & State

Jacksonville, Fla.

Zip

32204

Country

REINSTATEMENT

0001

4. Date Incorporated or Qualified
To Do Business in Florida

3/10/97

5. FEI Number

59-3595261

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Roy Tolliver

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

917 Kings Rd

Suite, Apt. #, Etc.

City

Jacksonville, FL

State
FL

Zip Code

32204

700004014917-4

-04/18/01--01020--008

*****988.00 *****988.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Roy H. Tolliver

REGISTERED AGENT MUST SIGN

Roy H. Tolliver

Date

4/9/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Roy Tolliver	917 Kings Rd	Jacksonville, Fla 32204
V	Jenn. Lee Anderson	"	"
V	Kier Tolliver	"	700004014917-4 -04/18/01--01020--009
STT	Freddie Myers	"	*****8.75 *****8.75
		"	48
		"	

10. 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 H. Tolliver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/9/01

Daytime Phone #

(904) 465-3442