

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 JUL -6 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 9800 00 24592

1. Corporation Name

REBUILD AMERICA FOUNDATION, INC.

Principal Place of Business

Mailing Address

200 SO. SYKES CRK PRKWY (609A)  
MERRITT ISLAND, FL. 32952

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

3-16-98

5. FEI Number

59-3579224

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
President	JAMES R. Rhoads	200 SO. SYKES CRK PRKWY 609A	MERRITT ISLAND, FL. 32952
			800002936918--0 -07/20/99--01093--011 *****150.00 *****150.00
			99 TS
			800002936918--0 -07/20/99--01093--012 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

JAMES R Rhoads  
200 SO. SYKES CRK PRKWY 609A  
MERRITT ISLAND, FL.  
32952

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-99  
Date

407-438-5491  
Daytime Phone \*

CR2E081 (12/98)