

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

98 JUN 15 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

173698

1. Corporation Name

Normile Foundations Inc.

Principal Place of Business

6631 Fern St  
Margate FL 33063

Mailing Address

6631 Fern St  
Margate FL 33063

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

Est 11/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0363650

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres	Thomas Normile	6631 Fern St Margate FL	33063
V Pres	Bart Normile	10585 Royal Palm Blvd	Coral Springs FL 33065

700002566667-1  
-06/19/98--01120--015  
\*\*\*\*150.00 \*\*\*\*150.00

2 pages AR  
B6/16

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Thomas Normile

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

6631 Fern St

Suite, Apt. #, Etc.

Margate

City

State

Zip Code

FL

33063

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

Thomas M. Normile

REGISTERED AGENT MUST SIGN

Date

6/8/98

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:

Thomas M. Normile

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/98

Date

954-984-0030

Daytime Phone #

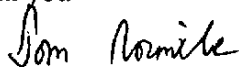
**Normile Foundations, Inc.  
6631 Ferin Street  
Margate, FL 33063**

June 8, 1998

To: Division of Corporations

Please be advised that I never received my renewal application from the Florida Department of State. Enclosed is a \$150.00 check. Please waive the \$600.00 fee since I never received the application.

Thank you

A handwritten signature in cursive script that reads "Tom Normile".

Tom Normile