

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

00 NOV 13 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000003088**

1. Corporation Name

THE BATES FAMILY FOUNDATION, INC.

Principal Place of Business

12 W FRANKLIN ST
QUINCY FL 32351

Mailing Address

12 W FRANKLIN ST
QUINCY FL 32351

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

05/29/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BATES, RICHARD S	12 W FRANKLIN ST	QUINCY FL 32351
VD	BATES, M B III	P O BOX 675 N/A 12 W. Franklin St.	QUINCY FL 32351 32351
ST	BATES, RICHARD S	12 W FRANKLIN ST	QUINCY FL 32351
D	BATES, M B JR	P O BOX 675 N/A	QUINCY FL 32351
D	Leonard, Deborah L.	7170 Killaney Way	Tallahassee FL 32308 400003488064--7 -12/05/00--01092--025 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

BATES, RICHARD S
12 W FRANKLIN ST
QUINCY FL 32351

9. Name and Address of New Registered Agent

Name
REINSTATEMENT 2500
Suite, Apt. #, Etc.
City
State Zip Code
FL

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

Richard S. Bates SIGNATURE REQUIRED

Date 11/3/00

REGISTERED AGENT MUST SIGN

11. 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.

Richard S. Bates

SIGNATURE:

Richard S. Bates SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/00

Date

Daytime Phone #