

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 DEC 26 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N03947

1. Corporation Name

THE EARTH FOUNDATION, INC

**REINSTATEMENT**

2. Principal Office Address

3412 CLARK RD

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 113

City & State

SARASOTA, FL

City & State

Zip

34231

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/28/1984

5. FEI Number

59297260

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

Laurie B. Sams, Esq.

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

2815 Proctor Road

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34231

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 12/15/06

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
EX- OFF DIR	MICHAEL WADE	448 PARK TRACO BLVD	OSPREY, FL 34229
DIR	EDWARD WADE	4110 GARY ST. W	TAMPA, FL 33609
DIR	TIMOTHY WAY	1007 RIVER DR.	RUSHIN, FL 33570
DIR	SHARON BONANNO	448 PARK TRACO BLVD	OSPREY, FL 34229

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12/26/06--01041--003 \*\*420.00

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 contained in Chapter 119, 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]*

MICHAEL WADE

10 DEC 06

941 993-3541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #