

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

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

DOCUMENT # N99000001831

1. Corporation Name

FORESTER FAMILY FOUNDATION, INC.

Principal Place of Business

1105 SOUTH RIO VISTA BLVD
FT LAUDERDALE FL 33316

Mailing Address

1105 SOUTH RIO VISTA BLVD
FT LAUDERDALE FL 33316

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/1999

5. FEI Number -

65-0939386

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	FORESTER, SAMUEL J JR	1105 S RIO VISTA BLVD	FT LAUDERDALE FL 33316
D	FORESTER, JULIE F	1105 S RIO VISTA BLVD	FT LAUDERDALE FL 33316
D	FORESTER, SAMUEL J III	1105 S RIO VISTA BLVD	FT LAUDERDALE FL 33316
D	FORESTER, SHARRA J	1105 S RIO VISTA BLVD	FT LAUDERDALE FL 33316
D	FORESTER, WHITNEY H	1105 S RIO VISTA BLVD	FT LAUDERDALE FL 33316

8. Name and Address of Current Registered Agent

ROGERS, ROMNEY C
1401 E BROWARD BLVD STE 300
FT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

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

REGISTERED AGENT MUST SIGN

Date 10-10-2000

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 NOV 17 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 00

CR2E040 (8/00)