

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 JAN -9 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N35639**

1. Corporation Name

**THE "I AM" FOUNDATION, INC.**

Principal Place of Business

Mailing Address

C/O WILLIAM J. BOOTH  
33406 OHIO AVENUE  
RIDGE MANOR FL 33525

C/O WILLIAM J. BOOTH  
33406 OHIO AVENUE  
RIDGE MANOR FL 33525

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

REINSTATEMENT

2000

4. Date Incorporated or Qualified  
To Do Business in Florida

12/12/1989

5. FEI Number

59-2984690

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	4 City / State / Zip
PD	BOOTH, WILLIAM J.	33406 OHIO AVENUE	RIDGE MANOR FL
VD	RUSS, JOHN C.	1105 OAK HAMMOCK ROAD	WEBSTER FL
STD	WORRELL, RUBERT	P.O. BOX 534 N/A	LACOOCHEE FL

LS

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-01/18/01--01102--002  
\*\*\*\*236.25 \*\*\*\*236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOOTH, WILLIAM J.  
33406 OHIO AVENUE  
RIDGE MANOR FL 33525

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

*William J. Booth*

Date

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.

SIGNATURE:

*William J. Booth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-24-2000

Daytime Phone #

CR2E040 (8/00)