APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

98 AUG -3 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713100

1. Corporation Name

Loulyfran Wolfson Foundation, Inc.

REINSTATEMENT 14-98

Principal Place of Business	Mailing Address
1 S.E. 3rd Avenue Suite 1280 Miami, Florida 33131	

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: September 29, 1967

5. FEI Number: 59-6196403 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/Tr	Lynn Wolfson	1 S.E. 3rd Ave., #1280	Miami, Florida 33131
V/Tr	Louis Wolfson, III	1 S.E. 3rd Ave., #1280	Miami, Florida 33131
V/Tr	Lynda Wolfson Fadel	1 S.E. 3rd Ave., #1280	Miami, Florida 33131
T/Tr	Harold Auerbach	1 S.E. 3rd Ave., #1280	Miami, Florida 33131
Tr	Franz Capraro	1 S.E. 3rd Ave., #1280	Miami, Florida 33131
S	J. Bruce Irving	501 Brickell Key Dr., #300	Miami, Florida 33131

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Harold Auerbach

Street Address (P.O. Box Number is Not Acceptable): 1 S.E. 3rd Avenue

Suite, Apt. #, Etc.: Suite 1280

City: Miami ***1583 State: FL Zip Code: 33131

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***183.75

CR2E040 (12/96)

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: Harold Auerbach Date: July 29, 1998

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Lynn Wolfson, President July 29, 1998 (305)377-8714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LXLW

JUL -27-98(MON) 16:59 CSC TALLAHASSEE TEL:850 222 0393 P.002