761101

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

17 JAN 11 AM 9:40

300294210773

CR2E061 (11/10)

DOCUMENT # 761101

1. Corporation Name

The David and Shirley Seiler Foundation, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
160 Clinton Street	160 Clinton Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brooklyn, New York	City & State: Brooklyn, New York
Zip: 11201 Country: USA	Zip: 11201 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/14/1981

5. FEI Number: 58-1473538 ☐ 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: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: Angel Shearer **Angel Shearer** Assistant Secretary Date: 01/11/2017

REGISTERED AGENT MUST SIGN

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
D	Jane H. Saltoun	888 Park Avenue	New York, New York 10075
D/P/T	Andrew Saltoun	160 Clinton Street	Brooklyn, New York 11201
D/S	Katherine Saltoun	160 Clinton Street	Brooklyn, New York 11201

10. E-mail Address: asaltoun@accessintegra.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Andrew Saltoun, Director 1/7/18 9716563628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724
850-508-1891 (cell)

Date: 1/11/17 ACCT. I20160000072

Name:	David & Shirley Seiler Foundation, Inc.
Document #:	
Order #:	10324909

Certified Copy of Arts & Amend:				
Plain Copy:				
Certificate of Good Standing:				
Apostille/Notarial Certification:			Country of Destination:	
			Number of Certs:	

Filing: X

Certified:

Plain:

COGS:

This is a 1-2 Filing

1 Reinstatement

2 Amendment/ Name Change

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: $ ~~840.00~~ 1,295.00

Thank you!

RECEIVED
SEP. FLORIDA
17 JAN 11 PM 2:26