

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

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DOCUMENT # 761101

1. Corporation Name

The David and Shirley Seiler Foundation, Inc.

300294210773

CR28061 (11/10)

2. Principal Office Address - No P.O. Box # 160 Clinton Street		3. Mailing Office Address 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 ☐ \$0.75 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 <i>Angel Shearer</i> 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)			
Title	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: <u>asaltoun@accessintegra.com</u>
(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: <u>Andrew Saltoun, Director</u> <i>Andrew Saltoun</i>	1/7/10 9776563628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date:

1/11/17

ACCT. 120160000072

W: C SW

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

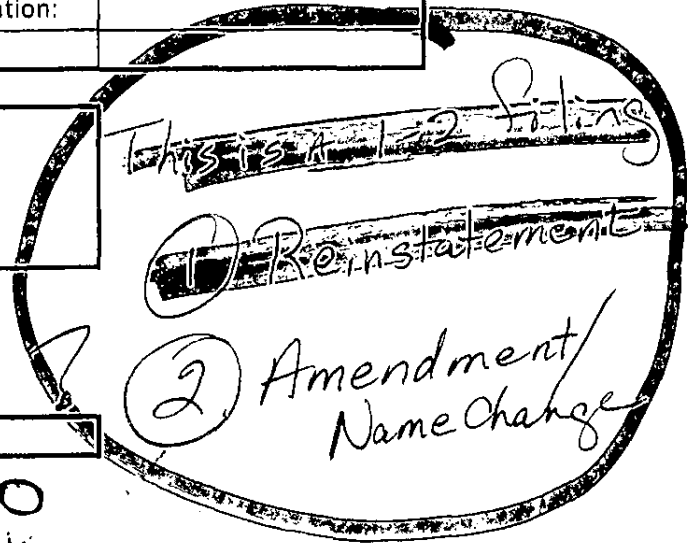
Certified Copy of Arts & Amend:			
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Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
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Filing:	☒	Certified: ☐
		Plain: ☐
		COGS: ☐

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

Amount: \$ ~~840.00~~

1,295.00



Thank you!

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