

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 15 AM 8:00

REINSTATEMENT 03-04

DOCUMENT # F94000004379

1. Corporation Name

DIANA WASSERMAN MEMORIAL FUND, INC.

Principal Place of Business

600 S.E. 3RD. AVE.
9TH FLOOR
FT. LAUDERDALE FL 33301

Mailing Address

C/O SUSANNE J. HOLLANDER
30 NORTH LASALLE STREET, SUITE 3000
CHICAGO IL 60602



MRS

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.

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/1994

5. FEI Number

85-0385725

Applied For

Not Applicable

Zip

Country

Zip

Country

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
PCD	CLARK, FAY	600 S.E. 3RD AVE., 9TH FLOOR	FT LAUDERDALE FL
DVC	LIPSCOMB, GWEN	600 S.E. 3RD AVE., 9TH FLOOR	FT LAUDERDALE FL
ST	SCHLACKMAN, LEE- Joseph Wasserman	8954 MAJORCA PLACE 2100 Boat Swain Place	BOCA RATON FL 33434- Wilmington, NC 28405
D	SCHLACKMAN, LEO L Joseph Wasserman	8954 MAJORCA PLACE 2100 Boat Swain Place	BOCA RATON FL 33434- Wilmington, NC 28405

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03/30/04--01040--001 **306.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. or 617.0505, F.S.

Signature of
Registered Agent

J. M. Halpin

James M. Halpin

Assistant Secretary

Date

3/12/03

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:

JW Joseph Wasserman

3/2/04

(910) 763-4669

DATE: 03/20/04 TIME: 2:56 PM OFFICIAL NAME: AS SECRETARY OF STATE

Date

Daytime Phone #