

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 JUL 10 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000005401

1. Corporation Name

THE SEXAUER FOUNDATION, INC.

300158364943  
07/10/09--01049--007 \*\*1032.50

2. Principal Office Address - No P.O. Box # c/o US Trust Company		3. Mailing Office Address c/o Wesley G. Cawley	
Suite, Apt. #, etc. 132 Royal Palm Way		Suite, Apt. #, etc. 738 SW Balmoral Trace	
City & State Palm Beach, FL		City & State Stuart, FL	
Zip 33480	Country USA	Zip 34997	Country USA

CR2E081 (12/08)

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida 11-03-1995	
5. FEI Number 13-6156256	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Wesley G. Cawley		
Street Address (P.O. Box Number is Not Acceptable) 738 SW Balmoral Trace		
Suite, Apt. #, Etc.		
City Stuart	State FL	Zip Code 34997

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Wesley G. Cawley  
REGISTERED AGENT MUST SIGN

Date June 22, 2009

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
S/D	Thomas J. Abbamont	300 Hamilton Avenue #410	White Plains, NY 10601
P/D	Wesley G. Cawley	738 SW Balmoral Trace	Stuart, FL 34997
V/T/D	Eileen Hoffman	401 East 14th Street #5-H	New York, NY 10009

10. 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 contained in Chapter 119, 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: Wesley G. Cawley WESLEY G. CAWLEY June 22, 2009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
772-223-1749