

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAY 12 PM 4:00

DOCUMENT # N00000008179

1. Corporation Name  
THE STEPHEN S. RICHTER FOUNDATION FOR THE  
PERPETUATION OF ENVIRONMENTAL IDEALS

**REINSTATEMENT 07-09KS**

2. Principal Office Address - No P.O. Box #

524 N. FEDERAL AVE P.O. 2371

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REAR

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE FL

Zip  
33301

Country  
U.S.A.

Zip  
33303

Country  
U.S.A.

500155838545  
05/12/09--01023--012 \*\*192.50  
CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/12/00

5. FEI Number

31-1743705

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

63.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STEPHEN HAMMER

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

1440 SE 15th St #25

Suite, Apt. #, Etc.

#25

City

FT LAUDERDALE

State

FL

Zip Code

33316

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 607.0605 or 617.0603, F.S.

Signature of  
Registered Agent

Date 5/11/09

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
<u>PRES TREAS</u>	<u>STEPHEN HAMMER</u>	<u>1440 SE 15th St #25</u>	<u>33316 FT. LAUDERDALE FL</u>
<u>VP 3609</u>	<u>RAYMOND L. THORP</u>	<u>2071 NW 54th St</u>	<u>FT. LAUDERDALE 33308</u>
<u>ASST VP</u>	<u>JEFFERY R. HERBIK</u>	<u>1323 SE 17th St</u>	<u>33316 FT LAUDERDALE FL</u>
<u>ASST SEC</u>	<u>MICHAEL PRATESIDES</u>	<u>2000 S. OCEAN BLVD</u>	<u>FT LAUDERDALE 33316</u>
<u>ASST TREAS</u>	<u>GERARD BRENNAN</u>	<u>63 OLD GLEN RD</u>	<u>07960 MORRISTOWN N.J.</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN HAMMER

Date

5/11/09 954 213-7748

Daytime Phone #