PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State of DIVISION OF CORPORATIONS

Mailing Address

DOCUMENT # N0000008368

1. Corporation Name

Principal Place of Business

THE RIPP FAMILY FOUNDATION, INC.

FIGEU SEGRETARY: OF STATE JIVISION OF CORPORATIONS

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VERO BEACH FL 329EE 3Z9(27	
If above addresses are incorrect in any way, line through incorrect information and enter of	correction below. 04-14-01 900 09 013 \$ 66-25
TO CHARLE TO STATE OF THE STATE	Applicable 4. Date Incorporated or Qualified To Do Business in Florida 12/19/2000
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State	5. FEI Number Applied For
Uto Beneu - FC - Uto Beneu - +C	
Zip 529.63 Country Zip SZ963 INDI	Am Count CERTIFICATE OF STATUS DESIRED TO a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
	eet Address of Each City / State / Zip 4
	nid form way (s) Utho BENEN FL 52963
President Geraldine Ripp (P)(D) 920 orchid foint way vevo Beach, FL	
Treasurer Robert S. RIPPENDU 16 Mount	ainside Drive Chatam, NJ 07928
V.P. KATHLELM BESHOND (UB)(B) 4 ROBER	as many (ve) (DEDFERED) N. 17. 03110
SECRETARY JONATHAN PUPP (5)(7) 5480 WI	SCOURD AND (3) (3) CHOY CHARE MY 20815
	30000525 416 35 -04/11/0201058002
8. Name and Address of Current Registered Agent	9. Name and Address of New Hegistered Agent 245.00
GORPORATION SERVICE COMPANY GEVALOURS P.P. Street Address (P.O. Box Number is Not Acceptable)	
GORPORATION SERVICE COMPANY SUITA DOLLA SITE Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET Suite, Apt. #, Etc.	
MIT HTH SSEC PL SZSUT-ZSZS	
32964	VLRO BENEX FL State Zip Code 52963
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.	
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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:

Signature of

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

REGISTERED AGENT MUST SIGN

2/27/02 CEL

8250-186-1282 1<u>287-262-2</u>

0/27/02

Daytime Phone #