

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 23 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02

DOCUMENT # N01000008961

1. Corporation Name

ALEXANDER DALY FOUNDATION, INC.

Principal Place of Business

C/O ALEXANDER DALY
1643 BRICKELL AVENUE SUITE 3502
MIAMI FL 33129

Mailing Address

C/O ALEXANDER DALY
1643 BRICKELL AVENUE SUITE 3502
MIAMI FL 33129



900009110829
11/20/02--01057--025 **236.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/26/2001

5. FEI Number

01-0564433

Applied For

Not Applicable

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
D	DALY, ALEXANDER	1643 BRICKELL AVENUE SUITE 3502	MIAMI FL 33129
D	GLUCKMAN, MARK	105 UPLAND ROAD	KENTFIELD CA 94904
D	DALY, ILEANA	3621 SW 28 TERRACE	MIAMI FL 33145
D	JAY Wetcher	1520 VICTORIA ISLE WAY	WESTON, FL 33327

500009670625
12/24/02 01047 007 **61.25

8. Name and Address of Current Registered Agent

FEURMAN, JONATHAN ESQ
C/O THERREL BAISDEN PA
ONE SE 3RD AVENUE SUITE 2400
MIAMI FL 33131

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

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

SIGNATURE REQUIRED

Date

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)