

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 16 AM 8:00

REINSTATEMENT 99-04
MRS

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N05664 1. Corporation Name THE MURRAY AND SYLVIA MASLOW FOUNDATION, INC			
2. Principal Office Address 16676 SWEET BAY DRIVE Suite, Apt. #, etc.		3. Mailing Office Address 16676 SWEET BAY DRIVE Suite, Apt. #, etc.	
City & State DELRAY BEACH, FL		City & State DELRAY BEACH, FL	
Zip 33445-7024	Country	Zip 33445-7024	Country
4. Date Incorporated or Qualified To Do Business in Florida 10/15/1984		5. FEI Number 59-2464353	
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 SYLVIA MASLOW		
Street Address (P.O. Box Number is Not Acceptable) 16676 SWEET BAY DRIVE		
Suite, Apt. #, Etc.		
City DELRAY BEACH	State FL	Zip Code 33445-7024

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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 _____ Date _____

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 Officers and/or Director	City/State/Zip
D	SYLVIA MASLOW	16676 SWEET BAY DRIVE	DELRAY BEACH, FL 33445
D	ILENE ROBBINS	16676 SWEET BAY DRIVE	DELRAY BEACH, FL 33445
D	RICHARD MASLOW	16676 SWEET BAY DRIVE	DELRAY BEACH, FL 33445
D	MARY BETH DAVIDSON	16676 SWEET BAY DRIVE	DELRAY BEACH, FL 33445

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 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.

Sylvia L. Maslow

SIGNATURE: X *Sylvia L. Maslow* 7/2/04 973-994-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (1002)