

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N22180**

1. Corporation Name

**Issels Foundation, Inc.**

Principal Place of Business

Mailing Address

See Below

See Below

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

2. New Principal Office Address, If Applicable  
 c/o LKD & Co.

3. New Mailing Office Address, If Applicable  
 P.O. Box 2944

Suite, Apt. #, etc.  
 2700 PGA Blvd., #203

Suite, Apt. #, etc.

City & State  
 Palm Beach Gardens, FL

City & State  
 Palm Beach, FL

Zip  
 33410

Country  
 USA

Zip  
 33480-2944

Country  
 USA

**REINSTATEMENT** 9799

FILED  
 99 NOV 29 PM 4:41  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida  
 08/24/1987 **3P**

5. FEI Number  
 65-0048212 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
TP	Ilse Marie Issels	3780 Paseo Vista Famosa	Rancho Santa Fe, CA 92067
TS	Helmut Issels	3780 Paseo Vista Famosa	Rancho Santa Fe, CA 92067
T	Linda J. Ward	7 Princewood Lane	Palm Beach Gardens, FL 33410
			800003072958--8 -12716799--01067--019 ****358.75 ****358.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Jonathan E. Cole  
 250 Royal Palm Way  
 Palm Beach, FL 33480

Name  
**Michael Dillon/LKD & Co.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2700 PGA Boulevard**  
 Suite, Apt. #, Etc.  
**Suite 203**  
 City  
**Palm Beach Gardens** State **FL** Zip Code **33410**

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.

Signature of Registered Agent *Michael Dillon*

Date **11/10/99**

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No

(See other side for information on Intangible tax.)

12. 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: *Ilse Marie Issels* **ILSE MARIE ISSELS** **11/20/99** **8587561095**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #