PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JAN -2 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000002908**

1. Corporation Name

JOSEPH R. NAROT ENDOWMENT FUND, INC.

Principal Place of Business	Mailing Address
137 NE 19TH ST MIAMI FL 33132	137 NE 19TH ST MIAMI FL 33132

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

REINSTATEMENT 96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/29/1993

5. FEI Number: 65-0565251 ~~59-0532700~~ ☐ 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
D	ABESS, LEONARD JR	~~CITY NATIONAL BANK OF FL PO BOX~~ CNB OF FLA., P.O. BOX 25620	MIAMI FL 33102
D	MAYER, BUDD	~~1351 98TH ST~~ 5500 COLLINS AVE. #1601	~~BAY HARBOUR ISLANDS FL 33154~~ MIAMI BEACH, FL 33140
D	BERMONT, PETER L	~~1 SE 3RD AVE 31ST FLOOR~~ 7301 CAPILLA COURT	~~MIAMI FL 33131~~ MIAMI, FL 33143
D	OLSON, SIDNEY	9999 COLLINS AVE #14-A	BAL HARBOUR FL 33154
~~D~~ P	~~BERMONT, RONNA W~~ SILVER, MICHAEL A	~~7301 SW 57TH CT~~ 1428 BRICKELL AVE. # 500	~~MIAMI FL 33143~~ MIAMI, FL 33131
D	OROVITZ, MICHAEL D	1311 98TH ST	BAY HARBOUR ISLANDS FL 33154

8. Name and Address of Current Registered Agent

ROSEN, ARNOLD P
137 NE 19TH ST
MIAMI FL 33132

9. Name and Address of New Registered Agent

Name: 1/31-0-97

Street Address (P.O. Box Number is Not Acceptable): 9999 COLLINS AVENUE

Suite, Apt. #, Etc.: 18-B

200002051912--8
-01/09/97--01018--004
****236.25

City: BAL HARBOUR State: FL Zip Code: 33154

CR2E040 (7/96)

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: [signature] RECEIVED Date: 11/10/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: [signature] RECEIVED 11/10/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #