(1)

H97000020800 3

READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NONPROFIT APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # N93000005820

Joel L. & Gail H. Altman Charitable Foundation, Inc.
2201 Corporate Blvd. N.W.
Suite 200
Boca Raton, FL 33431

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address N/A

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida: 12/30/93

5. FEI Number: 65-0498052

FEI Number Applied For ☐

FEI Number Not Applicable ☐

6. $8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

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
DP	JOEL ALTMAN	2201 Corporate Blvd. N.W.	Boca Raton, Florida 33431
D	GAIL ALTMAN	2201 Corporate Blvd. N.W.	Boca Raton, Florida 33431
D	ROBERT ALTMAN	2201 Corporate Blvd. N.W.	Boca Raton, Florida 33431
		REINSTATEMENT	95.97
			SCC 12-17-97

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Albert W. Gortz, Esq.
2255 Glades Road, Suite 340W
Boca Raton, Florida 33431

9. If changed, new registered agent / office

Name: same

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City | State: FL | Zip

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: Albert W. Gortz — REGISTERED AGENT MUST SIGN

Date: December 11, 1997

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [X] (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No [X] (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: Joel Altman

Date: 12/11/97 Daytime Phone # 561-997-8601

Joel Altman, President

Typed or printed name of signing officer or director

(2)

DEC 17 97 16:43 FR PROSKAUER ROSE 2 561 241 8153 TO 9701#18509224000 P.13/17

#N93000060 5820

FROM: PROSKAUER ROSE GOETZ & MENDELSOHN ACCT#: 074673001063
CONTACT: KATHY RASLER
PHONE: (561)995-4751 FAX #: (561)241-7145

NAME: JOEL L. & GAIL H. ALTMAN CHARITABLE FOUNDATI
AUDIT NUMBER.....H97000020800
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..0 PAGES..... 1
CERT. COPIES.....0 DEL.METHOD.. FAX
EST.CHARGE.. $358.75
NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

12/17/97 FLORIDA DIVISION OF CORPORATIONS 3:42
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

(((H97000020800 3)))

TO: DIVISION OF CORPORATIONS FAX #: (850)922-4000

FROM: PROSKAUER ROSE GOETZ & MENDELSOHN ACCT#: 074673001063
CONTACT: KATHY RASLER
PHONE: (561)995-4751 FAX #: (561)241-7145

NAME: JOEL L. & GAIL H. ALTMAN CHARITABLE FOUNDATI
AUDIT NUMBER.....H97000020800
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..0 PAGES..... 1
CERT. COPIES.....0 DEL.METHOD.. FAX
EST.CHARGE.. $358.75
NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **
** INVALID SELECTION...PLEASE RE-ENTER **
ENTER SELECTION AND <CR>: $$soff

RECEIVED
97 DEC 17 PM 4:23
DIVISION OF CORPORATIONS