PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
98 DEC -7 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000006781

1. Corporation Name

THE FANA HOLTZ FOUNDATION, INC.

100002709781--4
-12/11/98--01022--017
****245.00 ****245.00

REINSTATEMENT 98

Principal Place of Business	Mailing Address
169 EAST FLAGLER STREET SUITE 1627 MIAMI FL 33131	169 EAST FLAGLER STREET SUITE 1627 MIAMI FL 33131

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

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: 12/04/1997

5. FEI Number: 65 0824129 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	HOLTZ, FANA	9999 COLLINS AVENUE	BAL HARBOUR FL 33154
D	HOLTZ, ABEL	9999 COLLINS AVENUE	BAL HARBOUR FL 33154
D	HOLTZ, DANIEL	225 ARVIDA PARKWAY	CORAL GABLES FL 33156
D	HOLTZ, JAVIER	94 LA GORCE CIRCLE	MIAMI BEACH FL 33141

$87.50

8. Name and Address of Current Registered Agent

SHORE, H. ALLAN
1221 BRICKELL AVE. 21ST FLOOR
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name: ABEL HOLTZ
Street Address (P.O. Box Number is Not Acceptable): 169 EAST FLAGLER STREET
Suite, Apt. #, Etc.: SUITE 1627
City: MIAMI State: FL Zip Code: 33131

CR2E040 (9/98)

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: Abel Holtz REQUIRED
REGISTERED AGENT MUST SIGN

Date: 12/4/98

11. This corporation owes or has paid 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: Abel Holtz REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11/24/98

Daytime Phone #: 305-374-7801