


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

137 NE 19TH ST  
MIAMI FL 33132

Mailing Address

137 NE 19TH ST  
MIAMI FL 33132

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

**REINSTATEMENT** *96*

4. Date Incorporated or Qualified  
To Do Business in Florida

06/29/1993

5. FEI Number

65-0565251

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	ABESS, LEONARD JR	<del>CITY NATIONAL BANK OF FLA. P.O. BOX</del> CNB OF FLA., P.O. BOX 25620	MIAMI FL 33102
D	MAYER, BUDD	<del>1351 98TH ST</del> 5500 COLLINS AVE. #1601	<del>BAY HARBOUR ISLANDS FL 33154</del> MIAMI BEACH, FL 33140
D	BERMONT, PETER L	<del>1501 SW 48TH ST</del> 7301 CAPILLA COURT	<del>MIAMI FL 33131</del> MIAMI, FL 33143
D	OLSON, SIDNEY	9999 COLLINS AVE #14-A	BAL HARBOUR FL 33154
D	<del>BERMONT, RONNIE</del> SILVER, MICHAEL A	<del>1301 SW 48TH ST</del> 1428 BRICKELL AVE. # 500	<del>MIAMI FL 33142</del> 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

Street Address (P.O. Box Number is Not Acceptable)

9999 COLLINS AVENUE

Suite, Apt. #, Etc.

18-B

City

BAL HARBOUR

State

FL

Zip

33154

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]*  
REGISTERED AGENT MUST SIGN

Date

11/10/96

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2040 (7/96)