

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 17 AM 11:08

DOCUMENT # 707103

1. Corporation Name

The Baron de Hirsch Meyer Foundation

000004495350--3
-07/25/01--01046--006
****306.25 ****306.25

2. Principal Office Address

4300 Alton Road

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip Country

33140 US

3. Mailing Office Address

4300 Alton Road

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip Country

33140 US

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

8/30/74

5. FEI Number

59-6129646

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Amy B. Perry

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

4300 Alton Road

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33140

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Amy Perry
REGISTERED AGENT MUST SIGN

Date *7/11/01*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	<i>Robert A. Stone</i>	<i>10 Edgewater Dr. #66</i>	<i>Coral Gables, FL</i>
T	<i>Stuart Sisisky</i>	<i>6690 Windsor Ln</i>	<i>Miami Beach, FL 33141</i>
S	<i>Richard C. Stoker</i>	<i>2390 N. Atlantic Blvd.</i>	<i>Ft. Lauderdale, FL 33308</i>
VD	<i>George Bergmann</i>	<i>18801 NE 21 Ave</i>	<i>N. Miami Beach, FL</i>
PD	<i>Amy B. Perry</i>	<i>4300 Alton Road</i>	<i>Miami Beach, FL 33140</i>
V	<i>Lori Fegenholtz</i>	<i>4300 Alton Road</i>	<i>Miami Beach, FL 33140</i>

10. 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:

Amy Perry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/01
Date

305.674.2347
Daytime Phone #

CR2E081 (9/00)