

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **737001**

1. Corporation Name

MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.

Principal Place of Business

Mailing Address

4300 ALTON ROAD
MIAMI BEACH FL 33140
US

4300 ALTON ROAD
MIAMI BEACH FL 33140
US

[Handwritten Signature]

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

FILED
03 NOV 18 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 2003

200024772872
11/18/03--01004--029 **298.25

4. Date Incorporated or Qualified To Do Business in Florida

10/08/1976

5. FEI Number

59-1711400

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	City / State / Zip
D	STONE, ROBERT A	10 EDGEWATER DR #6C	CORAL GABLES FL
T	KERN, ANDREW E	2600 ISLAND BLVD., #1201	WILLIAMS ISLAND FL 33160
S	STOKER, RICHARD C	2930 N. ATLANTIC BLVD	FORT LAUDERDALE FL 33308
D	BERGMANN, GEORGE	1496 PRESIDENTIAL WAY	N MIAMI BEACH FL 33179
C	HIRSCHL, ANDREW R	3231 CALUSA STREET	COCONUT GROVE FL 33133
M	GOODMAN, TERRY C	4300 ALTON ROAD	MIAMI BEACH FL 33140

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOODMAN, TERRY C
MOUNT SINAI MEDICAL CENTER FOUNDATION
4300 ALTON ROAD
MIAMI BEACH FL 33140

Name
FAGENHOLZ, LORI
Street Address (P.O. Box Number is Not Acceptable)
MOUNT SINAI MEDICAL CENTER FOUNDATION
Suite, Apt. #, Etc.
4300 ALTON ROAD
City
MIAMI BEACH State **FL** Zip Code **33140**

CFR2040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

10/29/03

11. 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/2003 (305) 341-3444
Date Daytime Phone #