

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
REINSTATEMENT  
1997



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

DOCUMENT # 766958 (3)

1. Corporation Name

THE A.L. LEVINE FOUNDATION, INC.  
c/o Judith Kenney, Esq.

701 Brickell Avenue, Suite 1200, Miami, Fla. 33131

Principal Place of Business

Mailing Address

FILED

97 MAY -1 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

aw REINSTATEMENT 95-97

|                                |  |                        |  |                                                                                         |  |                                                          |  |
|--------------------------------|--|------------------------|--|-----------------------------------------------------------------------------------------|--|----------------------------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified                                                       |  | 3a. Date of Last Report                                  |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 02/09/83                                                                                |  |                                                          |  |
| 22 City & State                |  | 27 City & State        |  | 4. FEI Number                                                                           |  | Applied For                                              |  |
| 23 Zip                         |  | 28 Zip                 |  | 592268459                                                                               |  | Not Applicable                                           |  |
| 24 Country                     |  | 29 Country             |  | 5. Certificate of Status Desired                                                        |  | <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
|                                |  |                        |  | <input type="checkbox"/> \$5.00 May Be Added to Fees                                    |  |                                                          |  |
|                                |  |                        |  | 6. Election Campaign Financing                                                          |  |                                                          |  |
|                                |  |                        |  | Trust Fund Contribution                                                                 |  | <input type="checkbox"/>                                 |  |
|                                |  |                        |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Judith Kenney  
82 Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue, Suite 1200  
83  
84 City Miami FL 85 Zip Code 33131

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                       |
|----------------------------|-----------------------|-------------------------------------------------------|-----------------------|
| TITLE                      | D/P                   | 1.1 TITLE                                             |                       |
| NAME                       | Steiger, Carole Ann   | 1.2 NAME                                              | 000002173150-0        |
| STREET ADDRESS             | 263 Manor Road        | 1.3 STREET ADDRESS                                    | -05/09/97--01089--007 |
| CITY-ST-ZIP                | Ridgewood, NJ 07450   | 1.4 CITY-ST-ZIP                                       | ****358.75 ****358.75 |
| TITLE                      | D                     | 2.1 TITLE                                             |                       |
| NAME                       | Steiger, Joel J.      | 2.2 NAME                                              |                       |
| STREET ADDRESS             | 263 Manor Road        | 2.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                | Ridgewood, NJ 07450   | 2.4 CITY-ST-ZIP                                       |                       |
| TITLE                      | D                     | 3.1 TITLE                                             |                       |
| NAME                       | Steiger, Andrew R.    | 3.2 NAME                                              |                       |
| STREET ADDRESS             | 263 Manor Road        | 3.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                | Ridgewood, NJ 07450   | 3.4 CITY-ST-ZIP                                       |                       |
| TITLE                      | D                     | 4.1 TITLE                                             |                       |
| NAME                       | Steiger, Adam J.      | 4.2 NAME                                              |                       |
| STREET ADDRESS             | 263 Manor Road        | 4.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                | Ridgewood, NJ 07450   | 4.4 CITY-ST-ZIP                                       |                       |
| TITLE                      | D                     | 5.1 TITLE                                             |                       |
| NAME                       | Steiger, David L.     | 5.2 NAME                                              |                       |
| STREET ADDRESS             | 263 Manor Road        | 5.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                | Ridgewood, NJ 07450   | 5.4 CITY-ST-ZIP                                       |                       |
| TITLE                      | D/T                   | 6.1 TITLE                                             |                       |
| NAME                       | Ullmann, Anthony R.   | 6.2 NAME                                              |                       |
| STREET ADDRESS             | 10 Old Jackson Avenue | 6.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                | Hasting, NY 10706     | 6.4 CITY-ST-ZIP                                       |                       |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carole Ann Steiger, President

4/21/97

(201) 696-4400

Date

Daytime Phone #

CR2E037 (9/96)