

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # 830071

1. Corporation Name

THE RITTER FOUNDATION, INC.

Principal Place of Business

**1776 BROADWAY
NEW YORK NY 10019**

Mailing Address

**1776 BROADWAY
NEW YORK NY 10019**

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

05/02/1973

5. FEI Number

13-6082276

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	LIVINGSTON, G. R.	1776 BROADWAY	NEW YORK NY
SD	RITTER, T. G.	1776 BROADWAY	NEW YORK NY
TD	RITTER, A.	1776 BROADWAY	NEW YORK NY
VD	RITTER, D.	1776 BROADWAY	NEW YORK NY
D	WESMAN, F. R.	1776 BROADWAY	NEW YORK NY

8. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

9. Name and Address of New Registered Agent

Name

000002014390--5

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

000002014390--5

Suite, Apt. #, Etc.

000002014390--5

City

000002014390--5

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

By: Margaret K. [Signature]

REGISTERED AGENT MUST SIGN **Asst. Secy.**

Date **October 23, 1996**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-24-16

212-757-4648

Date

Daytime Phone #

CR-2340 (7/96)