

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

02 AUG 29 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# 834447

1. Corporation Name

It. J.G. Walter A. Jacobs Foundation, Inc.

2. Principal Office Address

999 Ponce De Leon #625
Coral Gables, FL 33134

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Zip

33134

Country

USA

Zip

Country

REINSTATEMENT 2001-2002

400007536794--2

-03/05/02--01029--009

****297.50 ****297.50

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/29/1975

5. FEI Number

36-2491585

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

Stewart I. Appelrouth

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

999 Ponce De Leon Blvd.

Suite, Apt. #, Etc.

Suite 625

City

Coral Gables

State
FL

Zip Code
33134

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

0.0505 or 1.050, F.S.

Signature of
Registered Agent

Date

7/29/02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
P, D	Jacobs, Richard F.	999 Ponce De Leon #625	Coral Gables, FL 33134
D	Miller, Gordon Dr.	999 Ponce De Leon #625	Coral Gables, FL 33134
D	Appelrouth, Stewart I.	999 Ponce De Leon #625	Coral Gables, FL 33134

10. I certify that I am an officer or director or trustee or empowered to execute this application as provided for in chapter 001, F.S. If further certification is required, the reason for dissolution has been eliminated, the corporation names satisfy the requirements of section 0.001 or 1.001, F.S., all fees owed by the corporation have been paid and the names of individuals listed do not qualify for an exemption under section 119.001(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

Richard F. Jacobs

7/29/-2

305-444-0999

Date

Daytime Phone#

CR2E081(9/01)