

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 OCT 30 PM 12:43
OCT 30 2007
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 840668

1. Corporation Name

THE GLOBAL HUNGER PROJECT

2. Principal Office Address - No P.O. Box #
5 UNION SQUARE W

3. Mailing Office Address
5 UNION SQUARE W

Suite, Apt. #, etc.
7TH FL

Suite, Apt. #, etc.
7TH FL

City & State
NEW YORK, NY

City & State
NEW YORK, NY

Zip
10003

Country
USA

Zip
10003

Country
USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **10/25/1977**

5. FEI Number **942443282**

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 **REGISTERED AGENTS LEGAL SERVICES, LLC**

Street Address (P.O. Box Number is Not Acceptable) **155 OFFICE PLAZA DRIVE**

Suite, Apt. #, Etc. **SUITE A**

City **TALLAHASSEE**

State **FL** Zip Code **32301**

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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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

Denise Fours

REGISTERED AGENT MUST SIGN

Date **10-4-07**
05-67

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
P	JOAN HOLMES	45 WEST 67TH ST #24B	NEW YORK, NY 10023
V	JOHN COONROD	201 EAST 17TH STREET	NEW YORK, NY 10003
D	STEVEN SHERWOOD	800 NEWPORT CENTER DRIVE 400	NEWPORT BEACH, CA 92600
D	GEORGE WEISS	ONE ROCKEFELLER PLAZA SUITE 1600	NEW YORK, NY 10020
D	PETER BURNE	2119 LEROY PLACE, NW	WASHINGTON, DC 20008
AT	MARIA SCHARIN	235 WEST 12TH STREET	NEW YORK, NY 10004

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 contained in Chapter 119, 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

Date

Daytime Phone #

Maria Scharin **10/19/07** **212 259116**