

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JUL 10 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000005401

1. Corporation Name

THE SEXAUER FOUNDATION, INC.

2. Principal Office Address - No P.O. Box #

c/o US Trust Company

Suite, Apt. #, etc.

132 Royal Palm Way

City & State

Palm Beach, FL

Zip

33480

Country

USA

3. Mailing Office Address

c/o Wesley G. Cawley

Suite, Apt. #, etc.

738 SW Balmoral Trace

City & State

Stuart, FL

Zip

34997

Country

USA

7. Name and Address of Current Registered Agent

Name

Wesley G. Cawley

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

738 SW Balmoral Trace

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34997

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

Wesley G. Cawley
REGISTERED AGENT MUST SIGN

Date June 22, 2009

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit 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
S/D	Thomas J. Abbamont	300 Hamilton Avenue #410	White Plains, NY 10601
P/D	Wesley G. Cawley	738 SW Balmoral Trace	Stuart, FL 34997
V/T/D	Eileen Hoffman	401 East 14th Street #5-H	New York, NY 10009

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

Wesley G. Cawley **WESLEY G. CAWLEY** June 22, 2009
Date

Daytime Phone #

772-223-1749

300158364943
07/10/09--01049--007 **1032.50

CR2E081 (12/08)

REINSTATEMENT

4. Date incorporated or Qualified
To Do Business in Florida 11-03-1995

5. FEI Number
13-6156256

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☐ 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.