


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000001148					
1. Corporation Name The Fuller Foundation, Inc.					
2. Principal Office Address c/o J.P. Morgan Florida, S.S.B.			3. Mailing Office Address Jody Gallegos, Esq.,		
Suite, Apt. #, etc. 109 Royal Palm Way			Suite, Apt. #, etc. Hogan & Hartson L.L.P.		
City & State Palm Beach, FL			City & State 875 Third Ave., New York, NY		
Zip 33408	Country USA	Zip 10022	Country USA	4. Date incorporated or Qualified To Do Business in Florida 02/27/1998	
				5. PEI Number 756015942	Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 01-04

7. Name and Address of Current Registered Agent	
Name Corporation Service Company	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
Suite, Apt. #, Etc.	
City Tallahassee	State FL
	Zip Code 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Deborah D. Skipper Deborah D. Skipper
Asst. V. Pres. Date: 2/6/04

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DS	Michael R. Kleinerman, Esq.	875 Third Avenue	New York, NY 10022
DP	Gillian Fuller	9550 Hidden Valley Road	Beverly Hills, CA 90210
DT	William French	953 Morehea Drive	Los Angeles, CA 90049

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 under section 119.07(3)(b), 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: Michael R. Kleinerman MICHAEL R. KLEINERMAN
Director, Secretary February 6, 2004 212-918-8240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

THE FULLER FOUNDATION, INC.

Certificate of Status	0
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