PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
97 MAR 14 PM 2:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K49291 (3)

1. Corporation Name

FLORIDA VENTURE FUND, INC.

Mailing Address
% Robert C. Hackney
11891 U.S. Highway 1
N Palm Beach, FL 33408

Principal Place of Business
(same)

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, if Applicable
150 South Pine Island Road
Suite, Apt. #, etc.
Suite 100
City & State
Plantation, Florida
Zip
33324
Country
USA

3. New Principal Office Address, if Applicable
(same as new mailing address)
Suite, Apt. #, etc.
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida
12/5/88

5. FEI Number
65-0154103
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)

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
P,D	Van R. Perkins	150 S Pine Island Rd Ste 100	Plantation, FL 33324
V, S,D	Gary J. McAdam	150 S Pine Island Rd Ste 100	Plantation, FL 33324
D	Robert C. Hackney	1155 Louisiana Ave Ste 100	Winter Park, FL 32789

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-03/17/97--01115--008
***1080.00 ***1080.00

8. Name and Address of Current Registered Agent

Robert C. Hackney
11891 U.S. Hwy 1
N. Palm Beach FL 33408

9. Name and Address of New Registered Agent

Name: Florida Incorporators, Inc.
Street Address (P.O. Box Number is Not Acceptable): 1221 Brickell Avenue
Suite, Apt. #, Etc.: Suite 900
City: Miami
State: FL
Zip Code: 33131

10. 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: Mark Hankins, President, Florida Incorporators, Inc. Date: 3/12/97
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Van R. Perkins, President March 11, 1997 954-370-9488
Signature and name of director or officer required Title Date Daytime Phone #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED 97 MAR 14

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
1997 MAR 14 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read the Instructions on Other Side Before Making Entries

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # K39132

BUTT'S UP, INC.
~~134A Tyson Avenue~~
~~Glenside, PA 19038~~

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address: 8000 Ellen Lane
City and State: Cheltenham, PA 19012 Zip Code:

3. If Principle Office Address is different from mailing address, enter address below:

Address: 8000 Ellen Lane
City and State: Cheltenham, PA 19012 Zip Code:

4. Date Incorporated or Qualified To Do Business in Florida: 10/17/88

5. FEI Number: 232-55-1699

FEI Number Applied For ☐
FEI Number Not Applicable ☐

6. $8.75 Additional Fee required for a Certificate of Status.
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
D	Roslyn L. Aglow	8000 Ellen Lane	Cheltenham, PA 19012
D	Jon Aglow	8000 Ellen Lane	Cheltenham, PA 19012
D	Robert Aglow	8000 Ellen Lane	Cheltenham, PA 19012
			900002114029--9

REINSTATEMENT 97 MAR 14

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

~~Corporation Information Services, Inc.~~
~~502 East Park Avenue~~
~~Tallahassee, Florida 32301~~

9. If changed, new registered agent / office

Name: Gary A. Saul
Street Address (Do NOT Use P.O. Box Number): 1221 Brickell Avenue
Street Address (Do NOT Use P.O. Box Number): Suite 2200
City: Miami State: FL. Zip: 33131

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: [signature] Date: 12 MAR 97
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: Roslyn L. Aglow Date: 11 MAR 97 Daytime Phone # (215) 886-6202

Typed or printed name of signing officer or director ROSLYN L. AGLOW, DIRECTOR

CR2E040 (8/92)