

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 JUN 18 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000005976

1. Corporation Name

THE ROTHSCHILD CHARITABLE FOUNDATION, INC.

2. Principal Office Address

1108 KANE CONCOURSE

Suite, Apt. #, etc.

310

City & State

BAY HARBOR ISLANDS, FL

Zip

33154

Country

MIAMI-DADE

3. Mailing Office Address

1108 KANE CONCLURSE

Suite, Apt. #, etc.

310

City & State

BAY HARBOR ISLANDS, FL

Zip

33154

Country

MIAMI-DADE

REINSTATEMENT

01-03

4. Date Incorporated or Qualified
To Do Business in Florida

09/08/2000

5. FEI Number

65-7057743

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

JAY HOWARD LINN

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

1108 KANE CONCOURSE 600020966046

Suite, Apt. #, Etc.

310

06/18/03--01031--005 ***38.75

City

BAY HARBOR ISLANDS

State

FL

Zip Code

33154

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

REGISTERED AGENT MUST SIGN

Date

6/17/03

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
P/D	JAY HOWARD LINN	1108 KANE CONCOURSE #310	BAY HARBOR ISLANDS, FL 33154
S/T/D	LEIGH M. ROTHSCHILD	3025 MEADOW LANE	WESTON, FL 33331
D	F. LORRAINE JAHN	400 N. ASHLEY PLAZA #3000	TAMPA, FL 33602

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)(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

JAY HOWARD LINN

06/17/2003 305-866-8700

Date

Daytime Phone #

CR2E081 (10/02)

7/6/03