

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



FILED

01 OCT 29 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000008179

1. Corporation Name

THE STEPHEN S. RICHTER FOUNDATION FOR THE PERPET
UATION OF ENVIRONMENTAL IDEALS, INC.

Principal Place of Business

Mailing Address

516 SW 4TH AVENUE
FORT LAUDERDALE FL 33315

516 SW 4TH AVENUE
FORT LAUDERDALE FL 33315

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

31-1743705

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P&D	Sidney Richter	7200 Radice Ct. #602	Lauderhill, FL 33319
Exec. VP & D	Stephen Hammer	516 SW 4 Ave.	Ft. Laud., FL 33315
Assis. VP & D	Jenny Richter	7200 Radice Ct. #602	Lauderhill, FL 33319
Assis. VP & D	Paul B. Hammer	516 SW 4 Ave.	Ft. Laud., FL 33315
S	Barbara L. Wolf	2425 E. Commercial Blvd. #307	Ft. Laud., FL 33308
Assis. VP & D	Michael Patestides	300 Harbortown Rd.	Ft. Laud., FL 33319

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOLF, BARBARA L ESQ.
2425 E. COMMERCIAL BOULEVARD
SUITE 307
FORT LAUDERDALE FL 33308

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Barbara Wolf

Date 10-29-01

REGISTERED AGENT MUST SIGN

11. 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

Date

Daytime Phone #

10/21/01

CR2ED40 (801)