


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
05 APR 28 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000010416

1. Corporation Name

THE STANLEY C. SAMOWITZ FOUNDATION, INC.

2. Principal Office Address

3030 GRAND BAY BLVD.

Suite, Apt. #, etc.

UNIT 3102

City & State

LONGBOAT KEY FL

Zip

34228

Country

3. Mailing Office Address

3030 GRAND BAY BLVD.

Suite, Apt. #, etc.

UNIT 3102

City & State

LONGBOAT KEY, FL

Zip

34228

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/2003

5. FEI Number

20-0444658

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

HANAN, BENJAMIN R.

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

240 SOUTH PINEAPPLE AVENUE

Suite, Apt. #, Etc.

10TH FLOOR

City

SARASOTA

State

FL

Zip Code

34236

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.9503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/27/05

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
PTD	SAMOWITZ, MARTIN A.	3030 GRAND BAY BLVD., #3102	LONGBOAT KEY, FL 34228
SD	PURCAR, PAULETTE	3030 GRAND BAY BLVD., #3102	LONGBOAT KEY, FL 34228
D	HANAN, BENJAMIN R.	240 S. PINEAPPLE AVE., 10TH FL	SARASOTA, FL 34236

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:

BENJAMIN R. HANAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/05