

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N04000011385

1. Corporation Name

RUTH LIGHT BRAUN ARTWORK TRUST, INC

2. Principal Office Address - No P.O. Box #

C/O CYNTHIA S. SOBEL

2701 SOUTH BAYSHORE DR.

Suite, Apt. #, etc.

401

City & State

COCONUT GROVE FL

Zip

33133

Country

USA

3. Mailing Office Address

4801 HAMPDEN LANE

Suite, Apt. #, etc.

501

City & State

BETHESDA, MD

Zip

20814

Country

USA

7. Name and Address of Current Registered Agent

Name

CYNTHIA S. SOBEL

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

2701 SOUTH BAYSHORE DRIVE

Suite, Apt. #, Etc.

401

City

COCONUT GROVE

State

FL

Zip Code

33133

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

*Cynthia Sobel*

REGISTERED AGENT MUST SIGN

Date 4/1/10

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
D	ELYSE VINITSKY	4801 HAMPDEN LANE, #501	BETHESDA, MD 20814
D	CYNTHIA S. SOBEL	2701 SOUTH BAYSHORE DR, #401	COCONUT GROVE, FL 33133
D	MARY K DESTEFANO	4801 HAMPDEN LANE, #501	BETHESDA, MD 20814

10. E-mail Address: VINITSKY.LAW@AOL.COM

(To be used for future annual report notification)

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. I further certify, 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:

*Elyse Vinitsky*

ELYSE VINITSKY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/2/10

Daytime Phone #

301 657-2400

FILED

10 APR 30 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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04/30/10--01046--013 \*\*376.25

REINSTATEMENT

CR2E081 (11/09)

DS-ID

4. Date Incorporated or Qualified To Do Business in Florida

12/3/2004

5. FEI Number

30-6093702

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.