

12/28/2012 12:37

(FAX)

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT****FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**DOCUMENT #** N05000011659

1. Corporation Name

Phillip and Patricia Frost Philanthropic Foundation, Inc.

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REINSTATEMENT 06-12

|                                                                                                                                                                                                                    |  |                                                                                                                                                                                                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Office Address - No P.O. Box #<br>c/o Frost Administrative Service, Inc.<br>Suite, Apt. #, etc.<br>4400 Biscayne Blvd., 6th Floor<br>City & State<br>Miami, Florida<br>Zip<br>33137<br>Country<br>USA |  | 3. Mailing Office Address<br>c/o Frost Administrative Service, Inc.<br>Suite, Apt. #, etc.<br>4400 Biscayne Blvd., 6th Floor<br>City & State<br>Miami, Florida<br>Zip<br>33137<br>Country<br>USA |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

CR25081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida  
November 17, 20055. FRI Number  
20-4128545Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$7.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

|                                                                                                                                                                                             |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Name<br>NRAI Services, Inc.<br>Street Address (P.O. Box Number is Not Acceptable)<br>516 East Park Avenue<br>Suite, Apt. #, etc.<br>City<br>Tallahassee<br>State<br>FL<br>Zip Code<br>32301 |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0608 or 617.0603, F.S.

Signature of  
Registered Agent

Katie Wonsch

Date 12/28/12

REGISTERED AGENT MUST SIGN Katie Wonsch, Asst. Sect

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

| Title | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|-------|--------------------------------------|---------------------------------------------------|----------------------|
| DP    | Phillip Frost                        | 4400 Biscayne Blvd., 6th Floor                    | Miami, Florida 33137 |
| DST   | Patricia Frost                       | 4400 Biscayne Blvd., 6th Floor                    | Miami, Florida 33137 |
| D     | Richard Pfenniger                    | 4400 Biscayne Blvd., 6th Floor                    | Miami, Florida 33137 |
|       |                                      |                                                   |                      |
|       |                                      |                                                   |                      |
|       |                                      |                                                   |                      |

10. E-mail Address: PFrost@thefrostgrp.com

(To be used for future annual report submission)

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., and 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. I am aware that false information submitted in this document to the Department of State constitutes a third degree felony as provided for in § 617.155, F.S.

SIGNATURE:

Phillip Frost, Director

12/27/2012

(305) 875-0501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

H12000303769 3

DEC 28 2012

T. CAULEY

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6384

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From:

Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**CORPORATION REINSTATEMENT  
PHILLIP AND PATRICIA FROST PHILANTHROPIC  
FOUNDATION,**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 02       |
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