

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 23 PM 2:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N06416

1 Corporation Name

George M. Cohen Foundation, Inc.

Principal Place of Business
2000-1 Hendricks Avenue
Suite 61
Jacksonville, FL 32207

Mailing Address
2000-1 Hendricks Avenue
Suite 61
Jacksonville, FL 32207

REINSTATEMENT

96CW

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

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, if Applicable

3 New Mailing Address, if Applicable

4 Date Incorporated or Qualified To Do Business in Florida
11/30/1984

Suite, Apt. #, etc

Suite, Apt. #, etc.

5 FEI Number
59-2469069

Applied For

Not Applicable

City & State

City & State

6 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	Carolyn Cohen	2000-1 Hendricks Avenue Suite 61	Jacksonville, FL 32207
DS	David Munro Wilson	4615 Astral	Jacksonville, FL 32205
DT	Ralph N. Greene, III	2000-1 Hendricks Avenue Suite 91	Jacksonville, FL 32207
			200002036842--7 -12/24/96--01076--010 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Lewis Ansbacher
4215 Southpoint Boulevard
Suite 100
Jacksonville, FL 32216

Name
David J. Hull

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

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

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

David J. Hull

REGISTERED AGENT MUST SIGN

Date December 19, 1996

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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

Carolyn Cohen 12/19/96 (904)398-8881

Date Daytime Phone #

CR2E040 (12/95)