

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **N09184**

1. Corporation Name

**THE WOLFSON FOUNDATION OF DECORATIVE AND PROPAGANDA ARTS, INC.**

Principal Place of Business

Mailing Address

~~2399 NE 2ND AVE.~~  
~~MIAMI FL 33137~~

~~2399 NE 2ND AVE.~~  
~~MIAMI FL 33137~~

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

2. New Principal Office Address, If Applicable  
**THE WOLFSONIAN (4TH FLOOR)**

Suite, Apt. #, etc.  
**1001 WASHINGTON AVENUE**

City & State  
**MIAMI BEACH, FLORIDA**

Zip  
**33139**

Country  
**USA**

3. New Mailing Office Address, If Applicable  
**THE WOLFSONIAN (4TH FLOOR)**

Suite, Apt. #, etc.  
**1001 WASHINGTON AVENUE**

City & State  
**MIAMI BEACH, FLORIDA**

Zip  
**33139**

Country  
**USA**

**REINSTATEMENT**

98.

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/08/1985**

5. FEI Number

**59-2554428**

Applied For

Not Applicable

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	WOLFSON, MITCHELL JR	5030 NORTH BAY ROAD 2318 NE 2ND COURT	MIAMI BEACH FL MIAMI, FL
D	PAUL, DAN	701 BRICKELL AVE.	MIAMI FL
ST	CAPRARO, FRANZ	2821 SW 116 AVE	DAVIE FL
VPD	LEFF, CATHY A.	1000 VENETIAN WAY #706	MIAMI FL
			100002706201--E -12/08/98--01057--007 ****244.75 ****244.75

8. Name and Address of Current Registered Agent

LEFF, CATHY A.  
~~2399 NE 2ND AVENUE~~  
~~MIAMI FL 33137~~

**1001 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Cathy A. Leff*

**REQUIRED**

REGISTERED AGENT MUST SIGN

Date **11-24-98**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

**TAX EXEMPT**

(See other side for information  
on intangible tax.)

12. 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)(f), 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:

*Cathy A. Leff*

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11-24-98 305.532615**

Date Daytime Phone #

CR2040 (8/88)