PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2016 DEC -1 PM 1:07

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DEC - 1 2016

L BERGER

CR2E081 (11/10)

DOCUMENT # N12000006452

1. Corporation Name

H. ANGELA WHITMAN FOUNDATION, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9600 COLLINS AVE	9600 COLLINS AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BAL HARBOUR, FL	City & State: BAL HARBOUR, FL
Zip: 33154 Country: US	Zip: 33154 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 6/29/2012

5. FEI Number: 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: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

500292846485

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: _____ Courtney Williams Asst. Vice President Date: 12.01.16

REGISTERED AGENT MUST SIGN

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	KUHN, ROBERT	9600 COLLINS AVE	BAL HARBOUR, FL 33154
D	KUHN, RAYMOND	9600 COLLINS AVE	BAL HARBOUR, FL 33154
D	WHITMAN, H. ANGELA	9600 COLLINS AVE	BAL HARBOUR, FL 33154
	REINSTATEMENT		
	2013- 2016		

10. E-mail Address: lagamwell@duanemorris.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., 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 a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: H. Angela Whitman Nov 25 2016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 387407 4384197

AUTHORIZATION :

COST LIMIT : $420.00

ORDER DATE : December 1, 2016

ORDER TIME : 3:26 PM

ORDER NO. : 387407-005

CUSTOMER NO: 4384197

RECEIVED
16 DEC -1 PM 4:17

DOMESTIC FILINGS

NAME: H. ANGELA WHITMAN
FOUNDATION, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____