PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

17 OCT -6 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # N14000000268

1. Corporation Name

Christopher A. Palmerton Jr. Foundation, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5400 N. Ocean Boulevard	
Suite, Apt. #, etc.: Villa 59	Suite, Apt. #, etc.
City & State: Lauderdale By The Sea, FL	City & State
Zip: 33308 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: January 6, 2014

5. FEI Number: 46-4524906 ☐ 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: Christopher A. Palmerton

Street Address (P.O. Box Number is Not Acceptable): 5400 N. Ocean Boulevard

Suite, Apt. #, Etc.: Villa 59

City: Lauderdale By The Sea | State: FL | Zip Code: 33308

900 304 303769
10/06/17--01028--015 **236.25

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: [signature] (REGISTERED AGENT MUST SIGN) Date: 9-29-2017

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
P	Christopher Palmerton	5400 N. Ocean Boulevard, Villa 59	Lauderdale By The Sea, FL 33308

10. E-mail Address: palmerton@me.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation 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 that 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: [signature] 9-29-2017 716-553-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. ASHTON