

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 18 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000120760300
03/19/08--01040--012 **367.50

DOCUMENT # N18251

1. Corporation Name

The Manny and Ruthy Cohen Foundation, Inc.

2. Principal Office Address - No P.O. Box #

231 Chestnut Avenue

Suite, Apt. #, etc.

City & State

Marlton, New Jersey

Zip

08053

Country

USA

3. Mailing Office Address

231 Chestnut Avenue

Suite, Apt. #, etc.

City & State

Marlton, New Jersey

Zip

08053

Country

USA

REINSTATEMENT 03-08

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/1986

5. FEI Number

59-2744621

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

Melvin C. Morgenstern

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

438 Hardee Road

Suite, Apt. #, Etc.

City

Coral Gables,

State

FL

Zip Code

33146

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

3/12/08

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/D	Stephen D. Morgan	231 Chestnut Avenue	Marlton, NJ 08053
V/D	Melvin C. Morgenstern	439 Hardee Road	Coral Gables, FL 33146
S/T/D	Susan N. Heyman	2061 Brookside Drive	Safety Harbor, FL 34695

10. 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 reasons 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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melvin C. Morgenstern

Date

305-665-0909

Daytime Phone #