

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR 20 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21928

1. Corporation Name

Sun Sentinel Charities, Inc.
200 E. LAS OLAS BLVD.
Ft. Lauderdale, FL 33301

000176682600
04/20/10--01043--004 **183.75

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

200 E. LAS OLAS BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

200 E. LAS OLAS BLVD

Suite, Apt. #, etc.

City & State

Ft. Lauderdale

City & State

Ft. Lauderdale

Zip

33301

Country

USA

Zip

33301

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6-5-87

5. FEI Number

65-0003448

☐ 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

JOHN R. HARGROVE

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

500 E. Broward Blvd.

Suite, Apt. #, Etc.

Suite 100

City

Ft. Lauderdale

State

FL

Zip Code

33394

☒ 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

Date

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
President	Howard Greenberg	200 E. LAS OLAS BLVD	FT. LAUD. FL 33063
Treasurer	Robyn Motley	" "	" "
VP	Stacy Ostrau	" "	" "
Secretary	Charles Ray	" "	" "
D	Christine Locrotondo	" "	" "
			<u>cc, 4/21</u>

10. E-mail Address: Locrotondo@Sun-sentinel.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., 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.

SIGNATURE:

Charles F. Ray

Charles F. Ray

Date

4/13/10

Daytime Phone #

954 356 4271

Per email correspondence with Christine Locrotondo on 4/21