PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 AUG 23 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N30856

1. Corporation Name
Norton Garfinkle Foundation, Inc

Principal Place of Business
2800 S. Ocean Blvd
Boca Raton, FL 33432-8332009

Mailing Address
133 E. 62ND St
New York, NY 10021
Att. R. Buttolph

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

REINSTATEMENT 94-99 **SP**

2. New Principal Office Address, If Applicable
As above
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
As above
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 2-24-89

5. FEI Number: 65-0104540 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Dir	Norton Garfinkle	2800 S. Ocean Blvd	Boca Raton, FL 33432
Dir	Sally Minard	2800 S. Ocean Blvd	Boca Raton, FL 33432
Dir	Prescott Story	320 Post Rd West	Westport, CT 06880

8. Name and Address of Current Registered Agent

Norton Garfinkle
Care, Rita Buttolph
133 E 62ND Street
New York, NY 10021

9. Name and Address of New Registered Agent

Name: Norton Garfinkle
Street Address (P.O. Box Number is Not Acceptable): 2800 S. Ocean Blvd
Suite, Apt. #, Etc.:
City: Boca Raton | State: FL | Zip Code: 33432

CR2E040 (12/96)

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: _____ Date: 11/2/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (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)(i), 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: _____ 8/19/99 212-486-0195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

~~1997~~ 1999

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

DOCUMENT #

1. Corporation Name
Norton Garfinkle Foundation

Principal Place of Business
2800 S. Ocean Blvd
Boca Raton, FL 33432-
8332009

Mailing Address
Care Ruth Butholph
133 E. 62nd St.
New York, NY 10021

3/31/93

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 2-24-89
3a. Date of Last Report: 3/31/93
4. FEI Number: 65-0104540 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Norton Garfinkle
2800 S. Ocean Blvd
Boca Raton, FL 33432-
8332009

10. Name and Address of New Registered Agent

81 Name: Norton Garfinkele
82 Street Address (P.O. Box Number is Not Acceptable): 2800 S. Ocean Blvd
83
84 City: Boca Raton FL 85 Zip Code: 33432

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Norton Garfinkle 2800 S. Ocean Blvd Boca Raton, FL 33432-8332009 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Sally Minard 2800 S. Ocean Blvd Boca Raton, FL 33432-8332009 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director c/o M Story 329 Post Rd West Westport, CT 06880 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 11/7/97 212-486-0195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Advantage Financial
Tax and Personal Planning

Prescott M. Story
Certified Public Accountant

320 Post Road West • Westport, CT 06880 • Tel:(203) 227-4079 • Fax:(203) 226-1263

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re Norton Garfinkle Foundation
Application for Reinstatement and Annual Report

Dear Sirs:

Enclosed please find the following:

Application for Reinstatement
Nonporfit Annual Report - 1999
Check in the amount of $542.50

I hope you will find that everything is in order and that the foundation can be reinstated without further difficulties.

You will note that the Annual Report is on an Annual Report form for 1997 but the year has been crossed out and 1999 has been inserted. I hope that will suffice. I did review all answers to see if any had changed since the 1997 form was originally completed and signed and there have been no changes. I have added, as requested, a Florida registered agent with all the required information. If you need a new 1999 form completed, please send it to Prescott M. Story, 18 Dogwood Lane, Weston, CT 06883 and I will see that a new one is completed and signed.

If you need any additional information or have questions about the enclosures please call my office and I will see that you get what is needed.

Very truly yours,

Prescott M. Story

Prescott M. Story, CPA
August 17, 1999