PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 AUG -6 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N30856

1. Corporation Name
Garfinkle-Minard Foundation, Inc
(Formerly, Norton Garfinkle Foundation Inc)

REINSTATEMENT 00-0[illegible]78

2. Principal Office Address	3. Mailing Office Address
2800 S. Ocean Blvd	Care Rita Buttolph 133 E 62nd st.
Suite, Apt. #, etc. Unit 16G	Suite, Apt. #, etc.
City & State Boca Raton, FL	City & State New York, NY
Zip 33432-8332009 Country USA	Zip 10021 Country USA

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 No — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Norton Garfinkle 236.25-AM
Street Address (P.O. Box Number is Not Acceptable): 2800 S. Ocean Blvd 61.25 AR
Suite, Apt. #, Etc.: 16 G
City: Boca Raton State: FL Zip Code: 33432

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: Norton Garfinkle
REGISTERED AGENT MUST SIGN
Date 7/16/01

CR2E081 (8/00)

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
Sec/Trs/Dir	Norton Garfinkle	2800 S. Ocean Blvd	Boca Raton, FL 33432
Pres/Dir	Sally Minard	2800 S. Ocean Blvd	Boca Raton FL 33432
D	Gillian Garfinkle	2800 S. Ocean Blvd	Boca Raton, FL 33432
D	Nicholas Garfinkle	2800 S. Ocean Blvd.	Boca Raton FL 33432

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 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: Norton Garfinkle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/01
Date

212-486-0194
Daytime Phone #