

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 22 AM 8:01

DOCUMENT # N34945

1. Corporation Name

The Mary Joanne Rand, Morris M. Rand and Michael
Anthony Rand Memorial Charitable Foundation, Inc.

2. Principal Office Address

2240 SW 70th Avenue

Suite, Apt. #, etc.

Unit H

City & State

Davie, FL

Zip

33317

Country

US

3. Mailing Office Address

2240 SW 70th Avenue

Suite, Apt. #, etc.

Unit H

City & State

Davie, FL

Zip

33317

Country

US

REINSTATEMENT

99-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/30/1989

5. FEI Number

650183241

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

Morris M. Rand

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

3055 Harbor Drive

Suite, Apt. #, Etc.

2202

City

Fort Lauderdale

State
FL

Zip Code

33316

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

9/30/02

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
D	Morris M. Rand	3055 Harbor Drive, Unit 2202	Ft. Lauderdale, FL 33316
D	Deborah Rand-Bral	21 Hemlock Terrace	Randolph, Ma 02368
D	Judith Catter	5a Noanett Road	Needham, Ma 02194

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/30/02

Daytime Phone #

(954) 370-9800

10/25/02

CR2E081 (9/01)