

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 31 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N40350

1. Corporation Name

Count and Countess de Hoernle Foundation, Inc.

2. Principal Office Address

150 East Boca Raton Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

150 East Boca Raton Rd.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33432

Country

USA

City & State

Boca Raton, FL

Zip

33432

Country

USA

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

10/11/1990

5. FEI Number

650221652

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

Donald C. Sider

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

150 East Boca Raton Rd.

Suite, Apt. #, Etc.

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

REGISTERED AGENT MUST SIGN

Date

3/7/05

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,VP,S	Henrietta Countess de Hoernle	6055 S.Verde Tr., Apt. H320	Boca Raton, FL 33433
D	Florence Deppe	2180 Devonshire Way	Palm Bch. Gardens, FL 33418
D	Carolina Wagman	1190 Overbrook Circle	York, PA 17403

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.

Henrietta Countess de Hoernle

SIGNATURE:

Henrietta Countess de Hoernle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-487-5947

Date

Daytime Phone #

CR2E081 (01/04)