

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N44176**

1. Corporation Name

Annette and Jack Friedland Charitable Foundation, Inc

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

186 Spyglass Lane

Suite, Apt. #, etc.

City & State

Jupiter, Florida

Zip

33477

Country

Palm Beach

3. Mailing Office Address

1200 Brickell Avenue

Suite, Apt. #, etc.

Suite 700

City & State

Miami, FL

Zip

33131

Country

Miami-Dade

7. Name and Address of Current Registered Agent

Name

Jack Friedland

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

186 Spyglass Lane

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33477

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

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	Jack Friedland	186 Spyglass Lane	Jupiter, FL 33477
D	Annette Friedland	186 Spyglass Lane	Jupiter, FL 33477
D	Rodger Friedland	186 Spyglass Lane	Jupiter, FL 33477

10. E-mail Address: cengel@cbiz.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**

Jack Friedland, Director

561-575-9666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10 JUN -1 AM 9:00

900180271119  
05/04/10--01046--003 \*\*1102.50

**REINSTATEMENT** 1993-2010

4. Date Incorporated or Qualified  
To Do Business in Florida 1990

5. FEI Number

65-0288541

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.

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05/04/10--01046--004 \*\*175.00

4/14/2010