

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N46062

1. Corporation Name

CHARNA AND ALAN B. LARKIN PHILANTHROPIC FUND, INC.

Principal Place of Business

17455 BRIDLEWAY TRAIL  
BOCA RATON FL 33496

Mailing Address

17455 BRIDLEWAY TRAIL  
BOCA RATON FL 33496  
US

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

2. New Principal Office Address, If Applicable

5566 VINTAGE OAKS TERR

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

City & State

VELRAY BEACH FLA

Zip

33484

Country

City & State

FLA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/15/1991

5. FEI Number

65-0369914

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	LARKIN, CHARNA	17455 BRIDLEWAY TRAIL	BOCA RATON FL
D	LARKIN, ALAN	17455 BRIDLEWAY TRAIL	BOCA RATON FL
D	LARKIN, DAVID	485 SEVENTH AVE	NEW YORK NY
D	LARKIN, JONATHAN	485 SEVENTH AVE	NEW YORK NY
D	LARKIN, AJ	100 WELLS AVE	BOSTON MA

8. Name and Address of Current Registered Agent

SPECTOR, ANDREW R

150 West Flagler Street  
Miami, Florida 33130

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Andrew R Spector*

REGISTERED AGENT MUST SIGN

Date

10/18/01

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 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:

*Charna Larkin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/01

Date

Daytime Phone #

561-865-3877



REINSTATEMENT 01

CR2040 (8/01)