

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46062**

1. Corporation Name

CHARNA AND ALAN B. LARKIN PHILANTHROPIC FUND, IN C.

Principal Place of Business

Mailing Address

5566 VINTAGE OAKS TERR
DELRAY BEACH FL 33484

5566 VINTAGE OAKS TERR
DELRAY BEACH FL 33484

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0369914

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VPD	LARKIN, CHARNA	5566 VINTAGE OAKS TERR	DELRAY BEACH FL 33484
PD	LARKIN, ALAN	5566 VINTAGE OAKS TERR	DELRAY BEACH FL 33484
S	LARKIN, DAVID	120 PRINCE STREET APT #5 JD WARREN ST. PHN	NEW YORK NY 10009-10007
TD	LARKIN, JONATHAN	6187 NW 24 TERRACE	BOCA RATON FL 33496
T	LARKIN, ANDREW J	23 TUBWRECK DRIVE 7663 FENWICK	DOVER MA 02030 BOCA RATON MA 33496

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPECTOR, ANDREW R
150 WEST FLAGLER STREET
MIAMI FL 33130

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of:
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/16/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

10/13/03

Daytime Phone #

521 865 3577

CR2040 (7/03)