PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 MAY -4 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000961

1. Corporation Name

THE HADAR FOUNDATION, INC.

Principal Place of Business	Mailing Address
3080 N COURSE DR 101.51 POMPANO BEACH FL 33069	200 E 69th St 47A ~~965 FIFTH AVE~~ NEW YORK NY 10021

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

REINSTATEMENT 99.00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. 200 East 69th Street #47A
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/25/1993

5. FEI Number: 13-3721350 ☐ 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)

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Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City/State/Zip 4
D	HADAR, MARGERY R	~~345 E 69TH ST APT 12D~~ 190 E .72nd #29-A	NEW YORK NY 10021
D	HADAR, RICHARD A	~~345 E 69TH ST APT 12D~~ 200 E 69th St (47A)	NEW YORK NY 10021
D	HADAR, JOSHUA A	~~345 E 69TH ST APT 2M~~	NEW YORK NY 10021
D	HADAR, ERIC D	~~181 E 73RD ST PHC~~ 770 Lexington Ave (67th)	NEW YORK NY ~~10021~~ 10022
			000003287810--0 -06/14/00--01007--013 *****61.25 *****61.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. LS City / State FL / Zip Code

CR2E040 (6/99)

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: Jennifer Leigh Magaa Special Asst Secy ✓ Date: 3/27/00
REGISTERED AGENT MUST SIGN

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 REQUIRED Dec 3, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #