

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 OCT 26 PM 4:13

DOCUMENT # **N93000000961**

1. Corporation Name
THE HADAR FOUNDATION, INC.

Principal Place of Business Mailing Address
~~2600 N COURSE DR 101-51~~
~~BOHRANG BEACH FL 33009~~
136 E 57th St (1212)
New York, N.Y 10021
 200 E. 69TH STREET, #47-A
 NEW YORK NY 10021



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/25/1993	
City & State		City & State		5. FEI Number	
Zip		Country		13-3721350	
				Applied For	
				Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HADAR, MARGERY R	190 E. 72ND #25-A	NEW YORK NY 10021
D	HADAR, RICHARD A	200 E. 69TH STREET, #47-A	NEW YORK NY 10021
D	HADAR, JOSHUA A	315 E 69TH ST APT 2M	NEW YORK NY 10021
D	HADAR, ERIC D	770 LEXINGTON AVENUE 17TH FLOOR	NEW YORK NY 10022
D	Hadar, Mica	200 E 69th St. (47A)	New York, NY 10021

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. 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: **PETER F. SOUZA**
 ASSISTANT SECRETARY

Date: **10/22/01**

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: **Richard A Hadar** Date: **Oct 15, 2001** Daytime Phone #: **(212) 223-4111 x16**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)