PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JAN -7 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000048 82

1. Corporation Name

The Marvin and Helene Gralnick Foundation, Inc.

Principal Place of Business	Mailing Address
648 Lake Murex Circle Sanibel Island, Florida 33957	648 Lake Murex Circle Sanibel Island, Florida 33957

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable	3. New Mailing Address, if Applicable	4. Date Incorporated or Qualified To Do Business In Florida
301 Congress Avenue	301 Congress Avenue	October 8, 1993
Suite, Apt. #, etc.: Suite 1900	Suite, Apt. #, etc.: Suite 1900	5. FEI Number: 65-0445458 (Applied For / Not Applicable)
City & State: Austin, Texas	City & State: Austin, Texas	6. CERTIFICATE OF STATUS DESIRED ☐
Zip: 78701 Country: USA	Zip: 78701 Country: USA	

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P	Marvin J. Gralnick	648 Lake Murex Circle	Sanibel Island, FL 33957
D/S/T	Helene B. Gralnick	648 Lake Murex Circle	Sanibel Island, FL 33957
D	Leslie C. Giordani	301 Congress Ave., Ste.1900	Austin, Texas 78701

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8. Name and Address of Current Registered Agent

Marvin J. Gralnick
648 Lake Murex Circle
Sanibel Island, Florida 33957

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Not Acceptable): 052033--1
-01/09/97--01018--013
Suite, Apt. #, Etc. ****297.50 ****297.50

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.

Signature of Registered Agent: Marvin J. Gralnick Date: 1/6/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability or non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation have been paid. 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: Marvin J. Gralnick 1/6/97 941-277-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DIRECTOR