
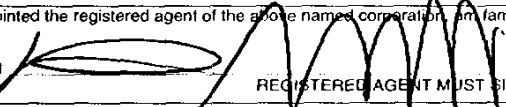



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000002465			
1. Corporation Name CHARLES S. + SYLVIA WILLNER FAMILY FOUNDATION, Inc.			
Principal Place of Business 1950 TURNBERRY Way APT. 11A Miami, FL 33180-2536 U.S.		Mailing Address 1950 TURNBERRY Way APT. 11A Miami, FL 33180-2536 U.S.	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida 05/17/94	
		5. FEI Number 65-0530785	
		Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pt/D/M	CHARLES S. WILLNER	1950 TURNBERRY Way APT. 11A	Miami, FL 33180-2536 U.S.
S/D	SYLVIA WILLNER	1950 TURNBERRY Way APT. 11A	Miami, FL 33180-2536 U.S.
D	MORRIS WILLNER	1950 TURNBERRY Way APT. 11A	Miami, FL 33180-2536 U.S.
D	GEORGE WILLNER	1950 TURNBERRY Way APT. 11A	Miami, FL 33180-2536 U.S.
			800002778478--6 -02/17/99--01080--003 ****481.25 ****481.25
8. Name and Address of Current Registered Agent CRAIG DONOFF 6100 GLADES ROAD SUITE 204 BOCA RATON, FL 33434 U.S.		9. Name and Address of New Registered Agent Name HERMAN MOSKOWITZ C.P.A. Street Address (P.O. Box Number is Not Acceptable) 450 N. PARK RD. SUITE 410 Suite, Apt. #, Etc. City HOLLYWOOD State FL Zip Code 33021	
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 		Date 2-9-99	
REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: 		Date 2/11-99	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 954-983-6500	

CR2001 (12/98)