

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 14 PM 4:20

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003429

1. Corporation Name

THE CALAMUS FOUNDATION, INC.

2. Principal Office Address

3 Quarty Circle

Suite, Apt. #, etc.

City & State

East Hampton, NY

Zip

11937

Country

3. Mailing Office Address

3 Quarty Circle

Suite, Apt. #, etc.

City & State

East Hampton, NY

Zip

11937

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/08/1994

5. FEI Number

65-0508548

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Doerr, Kenneth D.

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

240 South Pineapple Avenue

Suite, Apt. #, Etc.

10th Floor

City

Sarasota

State

FL

Zip Code

34236

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

REGISTERED AGENT MUST SIGN

Date

10/10/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Bradbury, Louis	3 Quarty Circle	East Hampton, NY 11937
DS	Marcus, James S.	720 Park Avenue	New York, NY 10021
D	Rosenberg, James M.	40 Fifth Avenue	New York, NY 10011
D	Sheafe, Michael	1427 York Avenue	New York, NY 10021
D	Richardson, Robert J.	770 South Palm Avenue	Sarasota, FL 34236
D	Meyer, David M.	787 7th Ave., 9th Floor	New York, NY 10019

10. 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

Date

Daytime Phone #

LOUIS BRADBURY 10/6/05 (631) 324-9350