**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 MAR 28 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

**DOCUMENT #** N94000003729

1. Corporation Name
THE ALLEN FOUNDATION, INC.

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 3300 NE 36th St | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 1001 | | | |
| City & State | | City & State | |
| Fort Lauderdale, FL | | | |
| Zip | Country | Zip | Country |
| 33308 | USA | | |

4. Date Incorporated or Qualified To Do Business in Florida 07-27-1994

5. FEI Number 650512905 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Joseph V. Allen

Street Address (P.O. Box Number is Not Acceptable): 3300 NE 36th St.

Suite, Apt. #, Etc.: 1001

City: Fort Lauderdale | State: FL | Zip Code: 33308

100223962371
03/27/12--01031--010 **61.25

100223962371
03/06/12--01029--025 **297.50

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: Same as below [signature] Date: 02-27-2012
REGISTERED AGENT MUST SIGN

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 |
|---|---|---|---|
| P/D | Joseph V. Allen | 3300 NE 36th St #1001 | Fort Lauderdale, FL 33308 |
| SEC/D | Katherine L. Allen | 3300 NE 36th St #1001 | Fort Lauderdale, FL 33308 |
| D | Daniel J. Allen | 7511 Bal Moure Circle | Dublin, OH 43017 |
| | | | |
| | | | |
| | | | |

358.75
REINSTATEMENT

10. E-mail Address: jallen3766@AOL.com 2010 – 12
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 02-27-2012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Day/Time Phone #

Joseph V Allen 954-561-4450