PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 SEP 19 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004865

1. Corporation Name

LAURENCE W. LEVINE FOUNDATION

REINSTATEMENT 02-03

2. Principal Office Address		**3.** Mailing Office Address	
47 Gillette Avenue		47 Gillette Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Bayport, N.Y.		City & State: Bayport, N.Y.	
Zip: 11705	Country: USA	Zip: 11705	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/3/1994

5. FEI Number: 65-0535001 ☐ 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: Corporation Service Company

000023214530
09/19/03--01087--009 **297.50

Street Address (P.O. Box Number Is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

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: Patricia Farnell Authorized Representative Date: 9-12-03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	Susan Kane	47 Gillette Avenue	Bayport, NY 11705
D	Jay Levine	34 Gramercy Park	New York, NY 10003
S/D	Thomas R. Moore, Esq.	590 Madison Avenue, Suite 2100	New York, NY 10022
D	William B. Warren	520 E. 86th Street	New York, NY 10028

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: Susan Kane SUSAN KANE 9-16-03 631-472-3411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JR 9/19