PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 NOV 21 AM 10:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N94000004947

1. Corporation Name

THE A.L. LEVINE FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
CAULEY GELLER BOWMAN & COATES LLP % ~~PROSKAUER ROSE GOETZ & MENDELSOHN~~ 2255 GLADES RD SUITE ~~340W~~ 421A BOCA RATON FL 33431	CAULEY GELLER BOWMAN & COATES LLP % ~~PROSKAUER ROSE GOETZ & MENDELSOHN~~ 2255 GLADES RD SUITE ~~340W~~ 421A BOCA RATON FL 33431

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

2001

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
CAULEY GELLER BOWMAN & COATES LLP	CAULEY GELLER BOWMAN & COATES LLP
Suite, Apt. #, etc.: 421A	Suite, Apt. #, etc.: 421A
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/07/1994

5. FEI Number: 65-0554692 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

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-12/11/01--01067--012
****236.25 ****236.25

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City/State/Zip 4
D	ULLMANN, ANTHONY R	10 OLD JACKSON AVE	HASTINGS NY 10706
CD	STEIGER, CAROLE ANN	263 MANOR RD	RIDGEWOOD NJ
D	STEIGER, ANDREW R.	70 APPLE RIDGE	WOODCLIFF LAKE NJ
D	STEIGER, ADAM J	66 TIMBERLANE RD	UPPER SADDLE RIVER NJ 07458
D	STEIGER, DAVID L	~~35 MARKHAM CIR.~~ 185 E 85TH Street (Apt 32K)	~~ENGLEWOOD NJ 07631~~ New York, N.Y. 10028
D	LEVINE, PETER L	ROUTE 46 WEST	WEST PATERSON NJ 07424
D	LEVINE, ARTHUR L.	ROUTE 46 WEST	WEST PATERSON N.J 07424

8. Name and Address of Current Registered Agent

COATES, HOWARD
2255 GLADES RD SUITE ~~340W~~ 421A
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (8/01)

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: Howard J. Coates Jr.
REGISTERED AGENT MUST SIGN

Date: 10/12/01

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., 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: Carole Ann Steiger 10/18/01 (973) 696-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #