

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 16 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000006097

1. Corporation Name

THE SEQUOIA FOUNDATION FOR ACHIEVEMENT IN
THE ARTS AND EDUCATION, INC.

900025513249
12/16/03--01012--016 **236.25

REINSTATEMENT 03

2. Principal Office Address

c/o Moss Adams LLP

Suite, Apt. #, etc.

11766 Wilshire Blvd., 9th FL

City & State

Los Angeles, CA

Zip

90025

Country

USA

3. Mailing Office Address

c/o Moss Adams LLP

Suite, Apt. #, etc.

11766 Wilshire Blvd., 9th FL

City & State

Los Angeles, CA

Zip

90025

Country

USA

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

12/13/1994

5. FEI Number

65-0541856

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

MARSHALL R. BURACK

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

One Southeast Third Avenue

Suite, Apt. #, Etc.

28th Floor

City

Miami

State
FL

Zip Code
33131

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

Marshall R. Burack

Date

11/10/03

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
D/P/S/T	NEUMAN, JEFFREY L.	11766 Wilshire Blvd., 9th Floor	Los Angeles, CA 90025
D	LEONARDS, H. H.	11766 Wilshire Blvd., 9th Floor	Los Angeles, CA 90025
D	VINEIS, MARK	11766 Wilshire Blvd., 9th Floor	Los Angeles, CA 90025

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 #

CR2E081 (10/02)