

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000006235**

1. Corporation Name

**THE TELESKO FAMILY FOUNDATION, INC.**

Principal Place of Business

150 BELLARIA  
PALM BEACH FL 33480

Mailing Address

150 BELLARIA  
PALM BEACH FL 33480

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/21/1994

5. FEI Number

65-0541463

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	TELESKO, DOMINICK A	150 BELLARIA	PALM BEACH FL 33480
D	TELESKO, SUSAN A	150 BELLARIA	PALM BEACH FL 33480
D	TELESKO, DAVID A	245 MOUNTAIN AVENUE	RIDGEWOOD NJ 07450
D	WOHLFORTH, SUSAN B	60 ZACCHEUS MEAD LANE	GREENWICH CT 06831
D	BURNS, ELISE T	500 EAST 77TH STREET	NEW YORK NY 10021

8. Name and Address of Current Registered Agent

TELESKO, DOM A  
150 BELLARIA  
PALM BEACH FL 33480

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

500008942035

11/12/02 01110 025 \*\*\*245-00

State Zip Code  
FL

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. or 617.0505, F.S.

Signature of  
Registered Agent

*SIGNATURE REQUIRED*

REGISTERED AGENT MUST SIGN

Date

11/5/02

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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOM A. TELESKO

Date

Daytime Phone #

11/5/02

561-802-3434

CR2E040 (8/02)