

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morlham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 NOV -4 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000564

1. Corporation Name

NANCY AND CHARLES GANZ FAMILY  
SUPPORTING FOUNDATION, INC.

Principal Place of Business

Mailing Address

4200 BISCAYNE BLVD.  
MIAMI, FL 33137

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

JANUARY 18, 1995

5. FEI Number

65-0559960

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/D	NANCY GANZ	2800 ISLAND AVE, APT 1705	AVENTURA, FL 33160
VP/D	CHARLES GANZ	2875 NE 19th ST	N. MIAMI BEACH, FL 33180
VP/S/D	JACOB SOLOMON	4200 BISCAYNE BLVD.	MIAMI, FL 33137
VP/T/D	ROBERT GILBERT	133 SEVILLA AVE,	CORAL GABLES, FL 33134
D	STEVEN HABIB	2601 S. BAYSHORE DR. #1450	MIAMI, FL 33133
D	JEFFREY BERCOV	STROOK, STROOK & LAVEN 200 S. BISCAYNE BLVD, #3300	MIAMI, FL 33131

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEPHEN E. ROSE  
4200 BISCAYNE BLVD  
MIAMI, FL 33137

Name

Street Address (P.O. Box)

Suite, Apt. #, Etc.

City

REINSTATEMENT

State  
FL

Zip  
33137

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

Stephen E. Rose

THE REGISTERED AGENT MUST SIGN

Date

11/3/97

11/4/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

12. 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)(b), 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

JACOB SOLOMON

11/3/97

Date

305-576-4000

Daytime Phone #