

APPLICATION
FOR
REINSTATEMENT



FILED

98 DEC 24 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N 95 00000 1761*

1. Corporation Name
THE CHILDRENS' + SURVIVORS' FUND, INC.

1900 S.W. 3RD AVE.
MIAMI, FLA 33129

1900 S.W. 3rd Ave
Miami, FL 33129

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

APRIL 13, 1995

5. FEI Number

65-0578925

Applied For

Not Applicable

8. 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	2	3	4
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
P/O	JACK KATZ	1500 NORTH VIEW DR.	MIAMI BEACH, FL 33139
VP/O	ARTHUR SHAPIRO	3141 ROYAL PALM AVE.	MIAMI BEACH, FL 33139
T/O	RHODA LIPTON	1633 NORTH VIEW DR.	MIAMI BEACH, FL 33139
S/O	WILLIAM RAPOPORT	3717 CHASE AVE.	MIAMI BEACH, FL 33139
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8. Name and Address of Current Registered Agent

MARK J. LEEDS, ESQ.
44 WEST FLAGLER STREET
SUITE 1600
MIAMI, FLA. 33130

9. Name and Address of New Registered Agent

Name WILLIAM A. MALVICK, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
100 S. E 2nd St., Ste. 2700, NATIONS BANK TOWER
Suite, Apt. #, Etc. _____

City NY (Bm)

State FL	Zip Code 33131-2146
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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

Date 12/21/98

REGISTERED AGENT MUST SIGN

11. This corporation ~~owes~~ or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

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)(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:

Jack Katz, President Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JACK KATZ PRESIDENT/DIRECTOR

Date _____ Daytime Phone # _____

CH₂E040 (1/98)