

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 22 AM 8:23

DOCUMENT # N95000003771

1. Corporation Name

A. Phillip Goldsmith & Frieda Goldsmith Foundation

2. Principal Office Address

c/o Deborah Radel 947 N. La Cienega Blvd.

Suite, Apt. #, etc.

Suite J

City & State

Los Angeles CA

Zip

90069

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Same

Country

Same

4. Date Incorporated or Qualified
To Do Business in Florida

08/08/1995

5. FEI Number

65-0613640

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

Frieda Goldsmith

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

2780 So. Ocean Blvd.

Suite, Apt. #, Etc.

City

Palm Beach

State

FL

Zip Code

33480

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

REGISTERED AGENT MUST SIGN

Date

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
VP	Frieda Goldsmith	2780 Ocean Blvd.	Palm Beach, FL 33480
TR	Lynda Strulovic	124 East 79th Street	New York, N.Y. 10021
DR	Deborah Radel	947 N. La Cienega Blvd	Los Angeles CA 90069
DR	Alberto Strulovic	Residencia Parque La Castellana	Caracas, Venezuela

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:

Frieda Goldsmith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/06

Date

Daytime Phone #

3/29/06