

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 21 PM 3:07

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005140

1. Corporation Name

THE WILEEN T. COYNE FOUNDATION, INC.

2. Principal Office Address - No P.O. Box #

2151 NW 60TH CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

2151 NW 60TH CIRCLE

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33496

Country

USA

Zip

33496

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1995

5. FEI Number
650616576

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

COYNE, WILEEN T.

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

2151 NW 60TH CIRCLE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33496

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Wileen T. Coyne
REGISTERED AGENT MUST SIGN

Date 5-14-08

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	GRANOFF, LOREN S	701 SW 27TH AVE, STE 810	MIAMI, FL 33135-1988
D	COYNE, WILEEN T.	2151 NW 60TH CIRCLE	BOCA RATON, FL 33496
D	COYNE, RUSSELL G.	3449 NW 44 ST	FORT LAUDERDALE, FL 33309
D	COYNE, MELISSA A.	7241 NW 64TH TERRACE	PARKLAND, FL 33067
REINSTATEMENT 06-08 TB S/23/08			

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 contained in Chapter 119, 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: *Wileen T. Coyne* Wileen T. Coyne

5-14-08 561995 9154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #