

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT 90 AM 9:46

CLERK OF STATE
CLARASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 196000000135

1. Corporation Name

THE ALBERT AND LIN BILDNER FOUNDATION, INC.

REINSTATEMENT 06-07

2. Principal Office Address - No P.O. Box # c/o United Corporate Services, Inc.		3. Mailing Office Address c/o United Corporate Services, Inc.	
Suite, Apt. #, etc. 508 9200 S. Dade Land Blvd.		Suite, Apt. #, etc. 508 9200 S. Dade Land Blvd.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33156	Country U.S.A.	Zip 33156	Country U.S.A.

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida	01/08/1996
5. FEI Number	65-0633272
6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent			
Name United Corporate Services, Inc			
Street Address (P.O. Box Number is Not Acceptable) 9200 South Dadeland Blvd -			
Suite, Apt. #, Etc. Suite 508			
City Miami	State FL	Zip Code 33156	

☒ 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 [Signature] Date 10/29/07
REGISTERED AGENT MUST SIGN

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
DS	Bildner, Albert	880 Fifth Avenue	NY, NY 10021
DP	Bildner, Erlinda	880 Fifth Avenue	NY, NY 10021
D	Ilusorio, Angela	880 Fifth Avenue	NY, NY 10021

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert Bildner

Date

10/23/07

Daytime Phone #

212 570-9643

10/30/07