

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 21 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 79600002084

1. Corporation Name

The Koni Foundation, Inc.

2. Principal Office Address

248 Country Club Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Palm Beach, FL

City & State

Zip

33480

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/1/96

5. FEI Number

65-0676162

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

Howard J Wiener

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

625 N Flagler Dr - 9th Floor

Suite, Apt. #, Etc.

REINSTATEMENT

City

West Palm Beach

State

FL

Zip Code

33401

78

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

Howard J Wiener

REGISTERED AGENT MUST SIGN

Date

12/19/2000

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
Dir	Siegel, Howard	3265 Lawson Blvd	Oceanside, NY 11572
Dir	Kapner, Lewis	248 Country Club Rd	Palm Beach, FL 33480
Dir	Wiener, Howard	625 N Flagler Dr 9th Fl	W Palm Beach, FL 33480
			600003522216--
			-01/03/01--01059--021
			****450.00 ****450.00

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:

Howard J Wiener

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/19/2000 (561) 833-3004

Daytime Phone #