

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 NOV 24 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000006554

1. Corporation Name

THE LIPSON FAMILY CHARITABLE FOUNDATION, INC.

Principal Place of Business

C/O MORRIS LIPSON
3899 LIVE OAK BLVD
DELRAY BEACH FL 33445

Mailing Address

C/O MORRIS LIPSON
3899 LIVE OAK BLVD
DELRAY BEACH FL 33445

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

C/O Dorothy Lipson

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

C/O Dorothy Lipson

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/1996

5. FEI Number

91-1822980

Applied For

Not Applicable

6.

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	LIPSON, MORRIS	3899 LIVE OAK BLVD	DELRAY BEACH FL 33445
D	LIPSON, DOROTHY	3899 LIVE OAK BLVD	DELRAY BEACH FL 33445
D	LIPSON-PLAFKER, ROBERTA	3899 LIVE OAK BLVD	DELRAY BEACH FL 33445
D	TAMARI, PAULINE	4 CAMELOT RD	WOODSTOCK NY 12498
			800002358048-5 -11/26/97--01084--008 ****236.25 ****236.25 11/19/97

REINSTATEMENT

8. Name and Address of Current Registered Agent

LIPSON, MORRIS
3899 LIVE OAK BLVD
DELRAY BEACH FL 33445

9. Name and Address of New Registered Agent

Name *Lipson, Dorothy*
Street Address (P.O. Box Number is Not Acceptable)
3899 Live Oak Blvd
Suite, Apt. #, Etc.

City *Delray Beach*

State
FL

Zip Code
33445

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

Dorothy Lipson

REGISTERED AGENT MUST SIGN

Date

11/19/97

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:

Dorothy Lipson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-495-1281

CR2040 (8/97)