

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC -9 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001394

1. Corporation Name

THE SCHNEER FOUNDATION, INC.

2. Principal Office Address

5833 N.W. 24th TERRACE

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33496-2822

Country

USA

3. Mailing Office Address

1515 South FEDERAL HWY

Suite, Apt. #, etc.

SUITE 105

City & State

BOCA RATON, FL

Zip

33432

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/12/1997

5. FEI Number

65-0735017

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

CHARLES H. SCHNEER

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

5833 N.W. 24th TERRACE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33496-2822

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]

REGISTERED AGENT MUST SIGN

Date

Dec. 4, 02

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	CHARLES H. SCHNEER	5833 N.W. 24 th TERRACE	BOCA RATON, FL 33496
D	SHIRLEY S. SCHNEER	5833 N.W. 24 th TERRACE	BOCA RATON, FL 33496
D	LESLIE J.S. SILVER	FLAT 1, 164 SUTHERLAND AVE	LONDON W9 1HR, ENGLAND
D	STACEY L.S. LEE	375 HEATH STREET	CHESTNUT HILLS, MA 02167
D	BRANDON REID	ONE BROADWAY	NEW YORK, NY 10004

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dec. 4, 2002

Daytime Phone #

CR2E001 (9/01)

js 12/11

The Schneer Foundation, Inc.
5833 N.W. 24th Terrace
Boca Raton, FL 33496-2822

December 4, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

Enclosed is the completed Corporation Reinstatement form for the Schneer Foundation, Inc. a non-profit corporation.

We request that the reinstatement fee of \$175 be waived, because we never received the Annual report to complete.

If you look at your records you will see that until this filing, we had been utilizing our Chartered Accountant's address in London as the Foundation's mailing address. We suspect that the reason for non-delivery of the Annual Report had to do with the international mailing.

As a result, you will notice that we have changed the Foundation's mailing address to that of our Certified Public Accountant in Boca Raton, Florida.

Enclosed please find our check in the amount of \$70, made up of the \$61.25 Annual Report Fee and \$8.72 for a Certificate of Status.

Thank you for your consideration.

Yours truly,



Charles H. Schneer, Director and Registered Agent