PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 JUL 13 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000002089

1. Corporation Name
The Kaltenbacher Family Foundation, Inc.

2. Principal Office Address	3. Mailing Office Address
101 Eisenhower Parkway	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Roseland NJ 07068	
Zip / Country	Zip / Country
07068 / Essex	

4. Date Incorporated or Qualified To Do Business in Florida: 4/14/97

5. FEI Number: 65-0745595 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

100001448379--2
-07/18/01--01002--028
****358.75 ****358.75

Name: C T Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation — State: FL — Zip Code: 33324

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: Jennifer L. Morgia
C T Corporation System
Assistant Secretary
REGISTERED AGENT MUST SIGN

Date: July 12, 2001

CR2E081 (9/00)

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
PP	Philip D. Kaltenbacher	1083 Westway Drive	Sarasota, Fa 34239
DVP	Laura K. Ross	120 East 87th Street	New York, NY 10128
DVT	Gail K. Kurz	Miller Road	New Vernon, NJ 07976

MW

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: Gail Kurz /Gail Kurz, DVT 7/10/01 973-226-4551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CT CORPORATION SYSTEM

CORPORATION(S) NAME

The Kaltenbacher Family Foundation, Inc.

( ) Profit ( ) Nonprofit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution/Withdrawal (X) Reinstatement	( ) Mark
( ) Limited Partnership ( ) LLC	( ) Annual Report ( ) Name Registration ( ) Fictitious Name	( ) Other ( ) Change of RA ( ) UCC
( ) Certified Copy	( ) Photocopies	( ) CUS
( ) Call When Ready (x) Walk In ( ) Mail Out	( ) Call If Problem ( ) Will Wait	( ) After 4:30 (x) Pick Up

RECEIVED
01 JUL 13 PM 12:43
DIVISION OF CORPORATION

Name Availability _____
Document Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

7/13/01

Order#: 4659043

Ref#: _____

Amount: $_____

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Tallahassee, FL 32301
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Fax 850 222 7615