
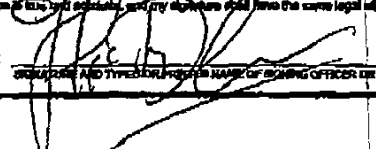


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # 897000003057</b>			
1. Corporation Name <b>THE FREDERICK A. DELUCA FOUNDATION, INC.</b>			
2. Principal Office Address - No P.O. Box # <b>300 Bic Drive, 2nd Floor</b>		3. Mailing Office Address <b>300 Bic Drive, 2nd Floor</b>	
4. Supp. Act. #, etc. <b>c/o Rockridge Capital Management, LLC</b>		5. Supp. Act. #, etc. <b>c/o Rockridge Capital Management, LLC</b>	
City & State <b>Milford, CT</b>		City & State <b>Milford, CT</b>	
Zip <b>06461</b>	Country <b>USA</b>	Zip <b>06461</b>	Country <b>USA</b>
6. Data Incorporated or Qualified To Do Business in Florida			
7. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
8. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <input type="checkbox"/> 235 ANNUAL REPORT 236 CERTIFICATE OF GOOD STANDING			
9. Name and Address of Current Registered Agent			
Name <b>CLASE, Inc.</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>3001 Emerald Trail North</b>			
Suite, Apt. #, Etc. <b>Suite 400</b>			
City <b>Maples</b>			
State <b>FL</b>		Zip Code <b>34103</b>	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0605 or 817.0603, F.S.			
Signature of Registered Agent 			Date <b>09/02/2008</b>
11. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City/State/Zip
D/P	Deluca, Elizabeth	c/o Rockridge Capital Management, LLC 300 Bic Drive, 2nd Floor	Milford, CT 06461
D/S/T	Deluca, Jonathan	c/o Rockridge Capital Management, LLC 300 Bic Drive, 2nd Floor	Milford, CT 06461
D	Deluca, Frederick A	c/o Rockridge Capital Management, LLC 300 Bic Drive, 2nd Floor	Milford, CT 06461
12. I certify that I am an officer or director or the recorder or trustee empowered to execute this application as provided for in chapter 807 or 817, F.S. I do not certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate taxes satisfy the requirements of sections 807.0401 or 817.0401, 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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: 		Date <b>August 29, 2008</b>	
SECRETARY AND TYPE IN FULL NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <b>239-649-3186</b>	

REINSTATEMENT 03-08

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