

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
99 MAY 28 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

NA 70000033209

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

The Julius Stulman Foundation, Inc.

Principal Place of Business: ~~c/o Early & Early~~
~~40 South Pineapple Ave~~
~~Sarasota, FL 33324~~
Mailing Address: c/o Stephen Stulman
171 West Street
Brooklyn, NY 11222

2. New Principal Office Address, if Applicable
Peter Matwiczky, Holland & Knight

3. New Mailing Address, if Applicable
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
June 9, 1997

625 North Flagler Drive, Suite 700
City & State: Palm Beach, Florida
Zip: 33401 Country: USA

City & State:
Zip: Country:

5. FEI Number: 31-1550822
Applied For: Not Applicable:

6. CERTIFICATE OF STATUS DESIRED

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/P	Stephen L. Stulman	151 Central Park West	N.Y., N.Y. 10023
D/V	Elga K. Stulman	151 Central Park West	N.Y., N.Y. 10023
D/S	James K. Stulman	126 Riverside Drive	N.Y., N.Y. 10024
D/T	Joan S. Gilbert	1595 Spring Valley Road	Ossining, N.Y. 10562

8. Name and Address of Current Registered Agent
CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

9. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. #, Etc.:
City: State: FL Zip Code:

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: Hillary England asst. Secretary Date: 5/27/99
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 118.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Stephen L. Stulman President Date: 5/14/99 718-283-5000 Daytime Phone #