


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | |
|-------------------------------------|---|--|
| APPLICATION FOR REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE |
| | | Katherine Harris Secretary of State DIVISION OF CORPORATIONS |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 30 PM 3:17

DOCUMENT # **N97000006926**

1. Corporation Name

ESTI TOPFER FOUNDATION, INC.

Principal Place of Business

8821 SW 102ND ST
MIAMI FL 33176

Mailing Address

PO BOX 180455
MIAMI FL 33118-0455

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/1997

5. FEI Number

65-0798086

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 | 4 City / State / Zip |
|---------------|---|--|---|
| D | TOPFER, JEFFREY | 20010 SAWGRASS LN, UNIT 4301 | BOCA RATON FL 33434 |
| D | TEICHNER, MIRIAM | 8821 SW 102 STREET | MIAMI FL 33176 |
| D | TEICHNER, RODNEY | 8821 SW 102 STREET | MIAMI FL 33176 |
| D | Teichner, David | 11940 Dorothy St., Unit 1 | Los Angeles, CA 90049 |
| | | | 200003071802--5 -12/15/99--01100--010 ****245.00 ****245.00 |

8. Name and Address of Current Registered Agent

TOPFER, JEFFREY E
1801 S FEDERAL HWY, STE 312
DELRAY BEACH FL 33483

9. Name and Address of New Registered Agent

Name David Teichner
Street Address (P.O. Box Number is Not Acceptable)
~~11734 Gateway Blvd.~~ 8821 SW 102 St
Suite, Apt. #, Etc.
City Miami State FL Zip Code 33176

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

REGISTERED AGENT MUST SIGN

Date

11/19/99

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #