


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

00 OCT 24 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



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

DOCUMENT # N98000005697

1. Corporation Name
The Warren Foundation, Inc.

2. Principal Office Address 4550 Hooks Road Suite, Apt. #, etc.		3. Mailing Office Address 303 East 51st Street Suite, Apt. #, etc.	
City & State Lake Worth, FL		City & State New York, NY	
Zip 33467-3712	Country USA	Zip 10022	Country USA

REINSTATEMENT 99-00

05-10-99 90160 036 \$61.25

4. Date Incorporated or Qualified To Do Business in Florida 10/6/98

5. FEI Number 65-0867749

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Valdes-Fauli Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
777 South Flagler Drive

Suite, Apt. #, Etc.
Suite 500 East

City
West Palm Beach

State
FL

Zip Code
33401

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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 By: *[Signature]* Date 9-29-00

REGISTERED AGENT MUST SIGN

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
DPST	Robert M. Warren	303 East 51st Street	New York, NY 10022
D	Danielle Warren	219 Royal Poinciana Way	Palm Beach, FL 33480
D	Amos Warren	219 Royal Poinciana Way	Palm Beach, FL 33480

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)(l), 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]* 9/28/2000 212-752-7025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)