Florida Department of State
Division of Corporations
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Division of Corporations
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Account Number : 110450000714
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CORPORATION REINSTATEMENT

THE HELLIWELL FAMILY FOUNDATION, INC.

Certificate of Status	0
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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000006980

REINSTATEMENT 04-11

1. Corporation Name
THE HELLIWELL FAMILY FOUNDATION, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
c/o Northern Trust Bank	c/o Northern Trust Bank
Suite, Apt. #, etc.: 700 Brickell Avenue	Suite, Apt. #, etc.: 700 Brickell Avenue
City & State: Miami, FL	City & State: Miami, FL
Zip: 33131 Country: USA	Zip: 33131 Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 12/10/1998

5. FEI Number: 65-0880258 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Charles A. Schuette

Street Address (P.O. Box Number is Not Acceptable): One S.E. Third Avenue

Suite, Apt. #, Etc.: 25th Floor

City: Miami State: FL Zip Code: 33131

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.

Charles A. Schuette as Registered Agent

Signature of Registered Agent: Charles A. Schuette Date: May 13, 2011

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
PD	Anne Helliwell	880 Calatrava	Coral Gables, Florida 33143
VPD	Keith R. Humphries	108 Turtle Creek Blvd.	Slidell, Louisiana 70461
SD	Charles A. Schuette	1 SE 3rd Avenue, 25th Floor	Miami, Florida 33131
TD	Ame Themmen	595 Biltmore Way	Coral Gables, Florida 33134

10. E-mail Address: charles.schuette@akerman.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Charles A. Schuette, Secretary May 13, 2011

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

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5/13/11