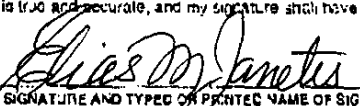


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N99000002138			
1. Corporation Name Robert G. Siebert Foundation, Inc.			
2. Principal Office Address 4400 N. Federal Highway Suite, Apt. #, etc. 210-5 City & State Boca Raton, FL Zip 33431		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporation or Qualified To Do Business in Florida 4/6/99	
		5. FEI Number 65-0930170 Apply 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 Benjamin P. Shenkman Street Address (P.O. Box Number is Not Acceptable) 4400 N. Federal Highway Suite, Apt. #, Etc. Suite 210-5 City Boca Raton State FL Zip Code 33431			
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  Date 2/21/01 REGISTERED AGENT MUST SIGN			
9. 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	Helen Siebert	9712 Ohio Place	Boca Raton, FL 33434
D	Elias M. Janetis	3621 Oaks Clubhouse Dr.	Pompano Beach, FL 33069
D	Richard A. Ferazi	6566 Marbledtree Lane	Lake Worth, FL 33467
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 taxes 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)(b), 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:  ELIAS M. JANETIS Date 2/19/01 Telephone 954-973-5411 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			