PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

2001 Uniform Business Report

FILED
02 MAR 11 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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-03/27/02--01074--017
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REINSTATEMENT 00-02

DOCUMENT # N 99000002830

1. Corporation Name

WHITE-ROTH FAMILY FOUNDATION, INC.

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 17017 BROOKWOOD DRIVE | 17017 BROOKWOOD DRIVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: BOCA RATON, FL | City & State: BOCA RATON, FL |
| Zip: 33496 Country: U.S.A. | Zip: 33496 Country: U.S.A. |

4. Date Incorporated or Qualified To Do Business in Florida: 05/07/1999

5. FEI Number: 65-0917154 ☐ 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: WHITE, RUTH G.

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Street Address (P.O. Box Number is Not Acceptable): 17017 BROOKWOOD DRIVE

Suite, Apt. #, Etc.:

City: BOCA RATON State: FL Zip Code: 33496

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of Registered Agent: Ruth G. White Date: 2/29/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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 |
|---|---|---|---|
| D | WHITE, RUTH | 17017 BROOKWOOD DRIVE | BOCA RATON, FL 33496 |
| D | WHITE, HELENE | 17017 BROOKWOOD DRIVE | BOCA RATON, FL 33496 |
| D | ROTH, NANCY A. | 17017 BROOKWOOD DRIVE | BOCA RATON, FL 33496 |
| D | WHITE, JEFFREY J. | 17017 BROOKWOOD DRIVE | BOCA RATON, FL 33496 |
| | | | |
| | | | |

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)(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: Ruth G. White RUTH G. WHITE 561-451-8669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #