

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 DEC 18 AM 10:43

DOCUMENT # **N99000007469**

1. Corporation Name
PIERRE DE AGOSTINI FOUNDATION, INC.

Principal Place of Business Mailing Address
 310 S COCONUT LAKE, PALM ISLAND 310 S COCONUT LAKE, PALM ISLAND
 MIAMI FL 33139 MIAMI FL 33139



REINSTATEMENT *DD*

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

2. New Principal Office Address, if Applicable
New World Tower
 Suite, Apt. #, etc.
100 N. Biscayne Blvd # 607
 City & State
Miami FL
 Zip *33132* Country *USA*

3. New Mailing Office Address, if Applicable
New World Tower
 Suite, Apt. #, etc.
100 N. Biscayne Blvd # 607
 City & State
Miami FL
 Zip *33132* Country *USA*

4. Date Incorporated or Qualified To Do Business in Florida
12/20/1999

5. FEI Number
 65-0969674 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	DE AGOSTINI, PIERRE	310 S COCONUT LAKE, PALM ISLAND	MIAMI FL 33139
D	DE AGOSTINI, GILBERTE	310 S COCONUT LAKE, PALM ISLAND	MIAMI FL 33139
D	DE AGOSTINI, JACQUES	310 S COCONUT LAKE, PALM ISLAND	MIAMI FL 33139

8. Name and Address of Current Registered Agent
GORDON, HOWARD W
 100 SE 2ND STREET, 17TH FLOOR
 MIAMI FL 33131

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State **FL** Zip Code

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 *[Signature]* Date **30 Nov 2000**
 REGISTERED AGENT MUST SIGN

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. and 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date *11/29/2000* Daytime Phone # *(305) 373-6375*