PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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REINSTATEMENT			THENT OF STATE tary of State	FILED 08 OCT 22 PM 3: 51 SECRETARY OF STATE	
DOCUMENT # N99000007643 1. Corporation Name THE KOURTNEY NICOLE SCHMIDT FOUNDATION, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
				REIN	STATEMENTO - OSCIPLO CR2E081 (10/08)
2. Principal Office Address - No P.O. Box # 3. Mailing			ffice Address		m 122
%Mich	ael Moskowitz	%Michael Moskowitz			CR2E081 (10/08)
Suite, Apt. 800 C	#,etc. Corporate Drive, #500	Suite, Apt. #. etc. 800 Corporate Drive, #500		4. Date Incorp	porated or Qualified
City & State Ft. I	auderdale, Florida	City & State Ft. Laudero	uderdale, Florida 5. FEI Numb 65-096		12/29/99 r Applied For
Zip	Country	Zip	Country	6. CS 75 Additional Footsquired	
33334	USA	33334	USA	CERTIFICATE	OF STATUS DESIRED for a Certificate of Status
7. Name and Address of Current Registered Agent					
Name William G. Salim, Esq. Street Address (P.O. Box Number is Not Acceptable) 800 Corporate Drive, Suite 500 Suite, Apt. #, Etc.				The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waixed 11/22/1801/35008 **122.50	
Ft. Lauderdale State z					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligation of Registered Agent REGISTERED AGENT MUST SIGN					Date
9. Name:	s and Street Addresses of Each Officer and	Vor Director (Florida no	nprofit corporations must list at le	ast 3 directors)	
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip
D	Michael W. Moskowitz 800 Corporate Drive			, Suite 5	00 Ft. Lauderdale, FL 33334
D	Neil Sterling		2132 Bayview Drive		Ft. Lauderdale, FL 33305
D	Lori Parrish		2701 S.W. 141 Terrace		Davie, FL 33330
D	Brandi Schmidt		3860 Coastal Highway		St. Augustine,FL 32084

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 filling 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 name of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate and the name of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate and the name of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate and the name of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate and the name of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate and the name of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate and the name of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate and the name of th

3860 Coastal Highway

1160 N.W. 101 Avenue

SIGNATURE.

D

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Kasey Schmidt

Mike Rozos.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-491-2000

St. Augustine, FL 32084

Plantation, FL 33322