

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 SEP 28 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P21047

1. Corporation Name

THE INSTITUTE FOR LAW AND POLICY PLANNING, INC.

Principal Place of Business

P.O. BOX 5137
BERKELEY CA 94705

Mailing Address

P.O. BOX 5137
BERKELEY CA 94705

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/1988

5. FEI Number

94-2598722

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DC	KALMANOFF, ALAN S	2613 HILLEGASS AVE	BERKELEY CA 94704
T	GUYDEN, LINDA	629 CUMBERLAND AVE	TEANECK NJ 07666
S	BERGUM, SHELLEY	1930 PARKER STREET	BERKELEY CA 94704

800002651728--6
-09/29/98--01068--014
*****367.50 *****367.50

8. Name and Address of Current Registered Agent

PARRISH, JIM
3041 CARLOW CIRCLE
TALLAHASSEE FL 32308

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

James Parrish
REGISTERED AGENT MUST SIGN

Date 9/23/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Alan Kalmanoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/21/98
Date

510-486-8352
Daytime Phone #