

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005553

1. Corporation Name

ARIELLE TEPPER CHARITABLE FOUNDATION, INC.

Principal Place of Business

~~46A ANCHOR DRIVE
FISHERMAN'S DOVE
KEY LARGO FL 33037~~

Mailing Address

~~C/O ALLAN R. LEVINE, O.P.A.
21 EAST 40TH STREET, SUITE 4706
NEW YORK NY 10016~~

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

2. New Principal Office Address, If Applicable

~~64 MARLIN LANE~~
Suite, Apt. #, etc.

City & State

~~KEY LARGO FL~~

Zip

~~33037~~

Country

~~USA~~

3. New Mailing Office Address, If Applicable

~~C/O SHANHOLT GLASSMAN ET AL~~
Suite, Apt. #, etc.

City & State

~~488 MADISON AVE 10th FZ
NEW YORK NY~~

Zip

~~10022~~

Country

~~USA~~

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1993

5. FEI Number

65-0454051

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
PD	TEPPER, ARIELLE	400 EAST 70TH STREET, APT. 1206	NEW YORK NY 10021
PD	TEPPER, MARTIN B	645 FIFTH AVENUE, SUITE 900	NEW YORK NY 10022
PD	LEVIN, ADAM	4501 BROADWAY, SUITE 407 167 EAST 61 ST ST SUITE 15E	NEW YORK NY 10038 NEW YORK NY 10021
SD	GRUNSTEIN, LEONARD	2 PARK AVENUE, SUITE 2100	NEW YORK NY 10016
			100002369921-7 -12/11/97--01096--018 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

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

Gail Shelby

Gail Shelby, as agent

Date 12-9-97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

AW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/19/97 (213) 319-4040

FILED

97 DEC -9 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

97AD

CP2E040 (9/97)