PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 AUG 27 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005553

1. Corporation Name

Arielle Tepper Charitable Foundation, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
Geller & Company - c/o Maria Neary	Geller & Company - c/o Maria Neary
Suite, Apt. #, etc.: 800 Third Avenue	Suite, Apt. #, etc.: 800 Third Avenue
City & State: New York, New York	City & State: New York, New York
Zip: 10022 Country: USA	Zip: 10022 Country: USA

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida: 12/10/1993

5. FEI Number: 650454051 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

☐ 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 waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Sarah K. Drake ~~as its agent~~ Date: 8/27/07
REGISTERED AGENT MUST SIGN

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
P-T-D	Arielle Tepper Madover	1501 Broadway, Suite 1301	New York, NY 10036
VP-S-D	Ian Madover	1501 Broadway, Suite 1301	New York, NY 10036
D	Martin B. Wasser	c/o Phillips Nizer LLP, 666 Fifth Avenue	New York, NY 10103
	REINSTATEMENT 08-07		
	RH		

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 contained in Chapter 119, 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: Martin B. Wasser Martin B. Wasser 8/27/2007 (212) 977-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000215264 3)))

H07000215264 3ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

SKD

CORPORATION REINSTATEMENT

ARIELLE TEPPER CHARITABLE FOUNDATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$603.75

Electronic Filing Menu Corporate Filing Menu Help

RH