

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV -5 PM 1:26

DOCUMENT # **N99000006790**

1. Corporation Name

ELSTON FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O SIDNEY ELSTON

C/O SIDNEY ELSTON

5270 FOUNTAINS DR SOUTH #604

5270 FOUNTAINS DR SOUTH #604

LAKE WORTH FL 33467

LAKE WORTH FL 33467



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

C/O Sidney Elston

Suite, Apt. #, etc.

88 Notch Hill Road #369

City & State

N. Branford, CT

Zip

06471

Country

USA

3. New Mailing Office Address, If Applicable

C/O Barbara Perdue Measter

Suite, Apt. #, etc.

266 Weed Street

City & State

New Canaan, CT

Zip

06840

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1999

5. FEI Number

65-0975468

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)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director	4	City / State / Zip
D	ELSTON, SIDNEY			5270 FOUNTAINS DR S #604 88 NOTCH HILL RD. #369		LAKE WORTH FL 33467 N. BRANFORD CT 06471
D	MEASTER, BARBARA P			100 MELROSE AVE 266 WEED ST.		GREENWICH CT 06831 NEW CANAAN CT 06840
D	ELSTON, STEPHEN			87 CHERRY ST #506 RTE. DUMANDEMENT		CAMBRIDGE MA 02138 1282 DARDAGNY, SWITZERLAND
						000004699210--3
						-11730701--01011--008
						****236.25 ****236.25

8. Name and Address of Current Registered Agent

DAVID PRATT, P.A.
2500 N MILITARY TRAIL, SUITE 175
BOCA RATON FL 33431

David Pratt
David Pratt and Associates, P.A.
2101 CORPORATE BLVD
SUITE 220

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

David Pratt

REGISTERED AGENT MUST SIGN

Date

10/29/2001

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., 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:

Barbara P. Measter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/01

Daytime Phone #

(203) 966-1177

CR2E040 (8/01)