

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

09 FEB 11 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 710469</b> 1. Entity Name RICHARD F. WOLFSON FAMILY FOUNDATION, INC	
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Principal Place of Business 630 UNIVERSITY DR. CORAL GABLES, FL 33134	Mailing Address 630 UNIVERSITY DRIVE CORAL GABLES, FL 33134 US
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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11262008 REIN-NP CR2E099 (1/07)

City & State	City & State
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4. FEI Number 59-6176043	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  GY CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BLVD. SUITE 3400 MIAMI, FL 33131
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<b>7. Name and Address of New Registered Agent</b> Name <u>KAUFMAN ROSS &amp; CO.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2699 SOUTH BAYSHORE DRIVE</u> City <u>MIAMI</u> FL Zip Code <u>33133</u>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE CPA/1/9/09

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$236.25</b> After January 1, 2009, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete WOLFSON, ELAINE 630 UNIVERSITY DR. CORAL GABLES, FL
TITLE	D <input type="checkbox"/> Delete WOLFSON, PAUL 1509 CHURCH ST WASHINGTON, DC
TITLE	D <input type="checkbox"/> Delete HESS, LISA WOLFSON 570 PARK AVE. NEW YORK, NY
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500143393245
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 2/6/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/09