2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000012377

FILED Jun 18, 2008 Secretary of State

Entity Name: THE DOROTHY AND HARRY GLICKMAN CHARITABLE FOUNDATION, INC.

ourrent i	Principal Place of Business:	New Principal Place of Business:
	DROS ISLE APT B3 JT CREEK, FL 33066	18707 WELLS DRIVE TARZANA, CA 91356
Current I	Mailing Address:	New Mailing Address:
	DROS ISLE APT B3 JT CREEK, FL 33066	18707 WELLS DRIVE TARZANA, CA 91356
	r: 20-4062726 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation did not	FEI Number Not Applicable () receive the prior notice.
Name an	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
4700 N.W	D. SCHWARTZ, P.A. V. 2ND AVENUE #201 ATON, FL 33431 US	ROBERT D. SCHWARTZ, P.A. 2240 WOOLBRIGHT ROAD SUITE 411 BOYNTON BEACH, FL 33426 US
	e named entity submits this statement for the po te of Florida.	urpose of changing its registered office or registered agent, or bo
SIGNATI.	JRE: ROBERT D SCHWARTZ	0014010000
		06/18/2008
	Electronic Signature of Registered Age	
OFFICER Title: lame:	Electronic Signature of Registered Age RS AND DIRECTORS: D (X) Delete GLICKMAN, DOROTHY 1704 ANDROS ISLE APT B3	nt Date
DFFICER itle: lame: lddress: City-St-Zip: itle: lame: lddress:	Electronic Signature of Registered Age RS AND DIRECTORS: D (X) Delete GLICKMAN, DOROTHY 1704 ANDROS ISLE APT B3 COCONUT CREEK, FL 33066 D () Delete LAPIN, NORMAN 15225 DICKENS STREET #6	ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: () Change () Addition Name: Address:
	Electronic Signature of Registered Age RS AND DIRECTORS: D (X) Delete GLICKMAN, DOROTHY 1704 ANDROS ISLE APT B3 COCONUT CREEK, FL 33066 D () Delete LAPIN, NORMAN 15225 DICKENS STREET #6 SHERMAN OAKS, CA 91403 D () Delete LAPIN, STEVEN 16250 DICKENS STREET	ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: () Change () Addition Name: Address: City-St-Zip: Title: D (X) Change () Addition Name: LAPIN, NORMAN Address: 18707 WELLS DRIVE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN LAPIN D 06/18/2008