

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N07000010620

**FILED**  
**Oct 13, 2010**  
**Secretary of State**

**Entity Name:** RA MORRIS FAMILY FOUNDATION CORPORATION

**Current Principal Place of Business:**

6039 COLLINS AVENUE, #1429  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

6039 COLLINS AVENUE, #1429  
MIAMI BEACH, FL 33140

**New Mailing Address:**

**FEI Number:** 26-1624430

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MORRIS, RONNIE DR  
6039 COLLINS AVENUE, #1429  
MIAMI BEACH, FL 33140 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** RONNIE MORRIS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MORRIS, RONNIE  
**Address:** 6039 COLLINS AVENUE, #1429  
**City-St-Zip:** MIAMI BEACH, FL 33140

**Title:** S  
**Name:** KAMINETSKY, BERNARD  
**Address:** 7991 TENNYSON COURT  
**City-St-Zip:** BOCA RATON, FL 33433

**Title:** VPT  
**Name:** KASZOVITZ, SAUL  
**Address:** 388 MAITLAND AVENUE  
**City-St-Zip:** TEANECK, NJ 07666

I hereby 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 all other like empowered.

**SIGNATURE:** RONNIE MORRIS

P

10/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date