| REINSTATEMENT | | | DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS | | FILED 05 MAY -2 AM 9:55 | | |
|--|---|---------------------------------|---|----------------------------|---|---|------------------|
| DOCUMENT # N44559 1. Côrporation Name THE GOLDSMITH-GREENFIELD FOUNDATION, INC | | | | | | SECRETARY OF STAT TALIJAHASSEE, FLORII | JA |
| · · · · · · · · · · · · · · · · · · · | | 3. Mailing Office 1800 SECC | Office Address COND STREET | | RFIN | STATEMENT | DO-05 |
| | | Suite, Apt. #, etc SUITE 750 | Cita: | | Date Incorporated or Qualified To Do Business in Florida AUGUST 5, 1991 | | |
| | | City & State SARASOTA | | | 5. FEI Number Applied For 65-0301946 Not Applicable | | |
| Zip 34236 | Country USA | Zip 34236 | | untry SA | 6. | \$8.75 Addition | nal Fee required |
| | | 7. Nan | ne and Addre | ss of Current Register | ed Agent | | |
| | DEBRA JACOBS Street Address (P.O. Box Number is Not Acceptable) 1800 SECOND STREET, SUITE 750 Suite, Apt. #, Etc. | | | | | | |
| | SARASOTA | - | | | | State Zip Code 34236 | |
| 8. I, being appointed the legistered 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 DEBRA JACOBS REGISTERED AGENT MUST SIGN | | | | | | | |
| 9. Names | and Street Addresses of Each Officer and | d/of Director (Florid | da nonprofit co | rporations must list at le | ast 3 directors) | <u></u> | |
| Titles | Name of Officers and/or Directors | | Street Address of Each Officer and/or Director | | | City / State / Zip | |
| C/D | ROBERT GREENFIELD | | 1650 LANDINGS BLVD. | | SARASOTA, FL 34231 | | |
| D | LOUISE GREENFIELD | | 1650 LANDINGS BLVD. | | SARASOTA, FL 34231 | | |
| D | EMILY CLARK | | 345 HARRISON AVENUE | | ELKINS PARK, PA 19027 | | |
| D | CLAUDIA CLEARY | | 3 SNIPES COURT | | ST. CHARLES, MO 63303 | | |
| D | JILL FELDMAN | | 1664 PEMBROOK ROAD | | MAPLE GLEN, PA 19002 | | |
| | SEE ATTACHMENT | | | | · | | |
| 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 filling 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: | | | | | | | |

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ATTACHMENT TO CORPORATION REINSTATEMENT FOR THE GOLDSMITH-GREENFIELD FOUNDATION, INC. (DOCUMENT NUMBER: N44559)

9. Names and Street Addresses of Each Officer and Director (Continued)

| P/D | DR. BILL GREENFIELD | 1451 BROAD STREET | DRESHER, PA 19025 | |
|-----|---------------------|---|---------------------|--|
| D | LAUREN GREENFIELD | 1249 3 rd AVENUE | LONGMONT, CO 80501 | |
| D | MICHAEL GREENFIELD | 2122 WILLIAMS STREET | PALO ALTO, CA 94306 | |
| S/T | DEBRA JACOBS | 1800 SECOND STREET, SUITE 750 SARASOTA, FL 34236 | | |

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