

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000007246

FILED
Oct 20, 2004
Secretary of State**Entity Name:** BLANCHE S. LEVINE FOUNDATION, INC.**Current Principal Place of Business:**300 RIDGEVIEW DRIVE
PALM BEACH, FL 33480**New Principal Place of Business:****Current Mailing Address:**300 RIDGEVIEW DRIVE
PALM BEACH, FL 33480**New Mailing Address:****FEI Number:** 65-0967368 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**SCHEPPS, MITCHELL D
C/O ROSEN & READE, LLP
777 S. FLAGLER DR., SUITE 1102
WEST PALM BEACH, FL 33401 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: LEVINE, BLANCHE S
Address: 300 RIDGEVIEW DRIVE
City-St-Zip: PALM BEACH, FL 33480**Title:** D () Delete
Name: TAGLIARINO, MARGARET ANN
Address: 105 FIFTH AVENUE
City-St-Zip: NEW YORK, NY 10003**Title:** D () Delete
Name: HOROWITZ, ELIZABETH JANE
Address: 637 GROVE ST. CARRIAGE HOUSE
City-St-Zip: UPPER MONTCLAIR, NJ 07043**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BLANCHE S. LEVINE

PRES

10/20/2004

Electronic Signature of Signing Officer or Director

Date