

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06257

FILED
Dec 10, 2014
Secretary of State

Entity Name: THE MARTY LYONS FOUNDATION, INC.

Current Principal Place of Business:

326 W 48TH STREET
3RD FLOOR
NEW YORK, NY 10036

New Principal Place of Business:

354 VETERANS MEMORIAL HIGHWAY
SUITE 9
COMMACK, NY 11725 US

Current Mailing Address:

326 W 48TH STREET
3RD FLOOR
NEW YORK, NY 10036

New Mailing Address:

354 VETERANS MEMORIAL HIGHWAY
SUITE 9
COMMACK, NY 11725 US

FEI Number: 13-3146696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LYONS, RICHARD
2013 RAVEN MANOR DRIVE
DOVER, FL 33527 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: RICHARD LYONS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: LYONS, MARTY
Address: C/O 354 VETERANS MEMORIAL HWY, STE 9
City-St-Zip: COMMACK, NY 11725

Title: P
Name: MILLER, RICHARD
Address: C/O 354 VETERANS MEMORIAL HWY, STE 9
City-St-Zip: COMMACK, NY 11725

Title: T
Name: DUPRE, EDWARD
Address: C/O 354 VETERANS MEMORIAL HWY, STE 9
City-St-Zip: COMMACK, NY 11725

Title: S
Name: DEFRANZA, JOHN
Address: C/O 354 VETERANS MEMORIAL HWY, STE 9
City-St-Zip: COMMACK, NY 11725

Title: ED
Name: WHITE, SANDRA
Address: C/O 354 VETERANS MEMORIAL HWY, STE 9
City-St-Zip: COMMACK, NY 11725

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: SANDRA WHITE

ED

12/10/2014

Electronic Signature of Signing Officer or Director

Date