

**2020 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N07000010725

**FILED**  
**Nov 16, 2020**  
**Secretary of State**  
**6555480622CR**

**Entity Name:** SHAPIRO FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

C/O MR. ALAN SHAPIRO  
40 ANNANDALE DRIVE  
CHAPPAQUA, NY 10514

**Current Mailing Address:**

C/O MR. ALAN SHAPIRO  
40 ANNANDALE DRIVE  
CHAPPAQUA, NY 10514 US

**FEI Number:** 26-1372643

**Certificate of Status Desired:** No

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

OLIVARI & ASSOCIATES INC  
141 SAGE BRUSH TRAIL SUITE D  
ORMOND BEACH, FL 32174 US

*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:** JOHNNY SVAJKO

11/16/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, TREASURER  
Name            SHAPIRO, ALAN  
Address        40 ANNANDALE DRIVE  
City-State-Zip: CHAPPAQUA NY 10514

Title            DIRECTOR  
Name            SHAPIRO, CHELSEA  
Address        C/O MR. ALAN SHAPIRO  
                  40 ANNANDALE DRIVE  
City-State-Zip: CHAPPAQUA NY 10514

Title            SECRETARY, VP  
Name            SILBERT, MARCI  
Address        C/O MR. ALAN SHAPIRO  
                  40 ANNANDALE DRIVE  
City-State-Zip: CHAPPAQUA NY 10514

Title            DIRECTOR  
Name            SHAPIRO, REBECCA  
Address        C/O MR. ALAN SHAPIRO  
                  40 ANNANDALE DRIVE  
City-State-Zip: CHAPPAQUA NY 10514

Title            DIRECTOR  
Name            SHAPIRO, ADAM  
Address        C/O MR. ALAN SHAPIRO  
                  40 ANNANDALE DRIVE  
City-State-Zip: CHAPPAQUA NY 10514

Title            DIRECTOR  
Name            SILBERT, JORDAN  
Address        C/O MR. ALAN SHAPIRO  
                  40 ANNANDALE DRIVE  
City-State-Zip: CHAPPAQUA NY 10514

Title            DIRECTOR  
Name            SILBERT, CAILEY  
Address        C/O MR. ALAN SHAPIRO  
                  40 ANNANDALE DRIVE  
City-State-Zip: CHAPPAQUA NY 10514

Title            DIRECTOR  
Name            SHAPIRO, MELISSA  
Address        C/O MR. ALAN SHAPIRO  
                  40 ANNANDALE DRIVE  
City-State-Zip: CHAPPAQUA NY 10514

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*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:** ALAN SHAPIRO

PRESIDENT

11/16/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            SHAPIRO, DAVID  
Address        C/O MR. ALAN SHAPIRO  
                  40 ANNANDALE DRIVE  
City-State-Zip: CHAPPAQUA NY 10514

Title            D  
Name            SHAPIRO, PHILIP  
Address        C/O MR. ALAN SHAPIRO  
                  40 ANNANDALE DRIVE  
City-State-Zip: CHAPPAQUA NY 10514