

2017 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N14000006146

Entity Name: BERLIN FAMILY CHARITABLE FOUNDATION, INC.**Current Principal Place of Business:**4590 PGA BLVD., SUITE 204
PALM BEACH GARDENS, FL 33418**Current Mailing Address:**4590 PGA BLVD., SUITE 204
PALM BEACH GARDENS, FL 33418 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BESSETTE & ALEMPOUR, PLLC
4590 PGA BLVD., SUITE 204
PALM BEACH GARDENS, FL 33418 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: NICOLE BESSETTE****01/26/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT AND BOARD CHAIRMAN
Name MAGLIO, WILLIAM
Address 4590 PGA BLVD., SUITE 204
City-State-Zip: PALM BEACH GARDENS FL 33418

Title SECRETARY
Name BESSETTE, NICOLE ESQ.
Address 4590 PGA BLVD., SUITE 204
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR
Name ROBILOTTO, FRANK
Address 4590 PGA BLVD., SUITE 204
City-State-Zip: PALM BEACH GARDENS FL 33418

Title VP
Name GRANDE, MICHELLE
Address 4590 PGA BLVD., SUITE 204
City-State-Zip: PALM BEACH GARDENS FL 33418

Title TREASURER
Name BODSTROM, STEFAN
Address 4590 PGA BLVD., SUITE 204
City-State-Zip: PALM BEACH GARDENS FL 33418

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: NICOLE BESSETTE**SECRETARY****01/26/2017**

Electronic Signature of Signing Officer/Director Detail

Date