

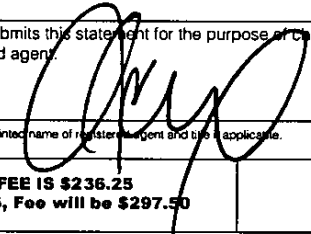



2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 710469 1. Entity Name RICHARD F. WOLFSON FAMILY FOUNDATION, INC						FILED 06 MAR -7 11:09:22 	
Principal Place of Business 630 UNIVERSITY DR. CORAL GABLES, FL 33134				Mailing Address 630 UNIVERSITY DRIVE CORAL GABLES, FL 33134 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES INC. 2 SOUTH BISCAYNE BLVD. SUITE 3400 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name <u>64 Corporate Services, Inc.</u> Street Address (P.O. Box Number is Not Acceptable) <u>25 Biscayne Blvd.</u> Suite <u>3400</u> City <u>Miami</u> <u>FL</u> Zip Code <u>33131</u>			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE  <small>Signature, typed or printed name of registered agent and this is applicable.</small>				MARK J SCHEER, PRESIDENT <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLFSON, ELAINE 630 UNIVERSITY DR. CORAL GABLES, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100068107991 03/20/06--01022--012 **297.50		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFSON, PAUL 1509 CHURCH ST WASHINGTON, DC	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESS, LISA WOLFSON 570 PARK AVE. NEW YORK, NY	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition B 3/10/04 REINSTATEMENT		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1-12-2006 Date Daytime Phone #			