

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

09 FEB 11 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11262008 REIN-NP CR2E099 (1/07)

4. FEI Number
59-6176043

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GY CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BLVD.
SUITE 3400
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name **KAUFMAN ROSS & CO.**
Street Address (P.O. Box Number is Not Acceptable)
2699 SOUTH BAYSHORE DRIVE
City **MIAMI** FL Zip Code **33133**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2009, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WOLFSON, ELAINE	
STREET ADDRESS	630 UNIVERSITY DR.	
CITY-ST-ZIP	CORAL GABLES, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLFSON, PAUL	
STREET ADDRESS	1509 CHURCH ST	
CITY-ST-ZIP	WASHINGTON, DC	
TITLE	D	<input type="checkbox"/> Delete
NAME	HESS, LISA WOLFSON	
STREET ADDRESS	570 PARK AVE.	
CITY-ST-ZIP	NEW YORK, NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500143393245	
STREET ADDRESS	02/11/09--01029--023 **297.50	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Elaine Wolfson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/09

Daytime Phone #