

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F02000002336

**FILED**  
**Oct 21, 2004**  
**Secretary of State****Entity Name:** FOUNDATIONS, INC.**Current Principal Place of Business:**101 EXECUTIVE DR., STE. 2  
MOORESTOWN, NJ 08057**New Principal Place of Business:**2 EXECUTIVE DR., STE. 1  
MOORESTOWN, NJ 08057**Current Mailing Address:**101 EXECUTIVE DR., STE. 2  
MOORESTOWN, NJ 08057**New Mailing Address:**2 EXECUTIVE DR., STE. 1  
MOORESTOWN, NJ 08057**FEI Number:** 52-1801849**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SMITH, LUDWINA  
5061 NORTH A1A  
BLDG A 304  
FORT PIERCE, FL 34949 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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: LAUER, RHONDA H  
Address: 126 RUE DU BOIS  
City-St-Zip: CHERRY HILL, NJ 08003

Title: P ( ) Delete  
Name: SCHWARTZ, ROBERT R  
Address: 821 EAST GATE DR.  
City-St-Zip: MT LAUREL, NY 08054

Title: ED ( ) Delete  
Name: ESBRANDT, PHILIP  
Address: 21 COLLEGE LANE  
City-St-Zip: CHERRY HILL, NJ 08003

Title: D ( ) Delete  
Name: GOTLIEB, LINDA  
Address: 944 CHANTICLEER DR.  
City-St-Zip: CHERRY HILL, NJ 08003

Title: D ( ) Delete  
Name: HENDERSON, JOHN  
Address: 450 DOROTHY DR.  
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: CEO ( ) Delete  
Name: LAUER, RHONDA  
Address: 126 RUE DU BOIS  
City-St-Zip: CHERRY HILL, NJ 08003

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARK SPECTOR

CFO

10/21/2004

Electronic Signature of Signing Officer or Director

Date